DOCUMENT RESUME

ED 263 488 CG 018 645

AUTHOR	Johnston, Lloyd D.; And Others
TITLE	Drugs and American High School Students 1975-1983.
INSTITUTION	Michigan Univ., Ann Arbor. Inst. for Social Research.
SPONS AGENCY	National Inst. on Drug Abuse (DHEW/PHS), Rockville, Md.
REPORT NO	DHHS-ADM-85-1374
PUB DATE	84
GRANT	3-R01-DA-01411
NOTE	500p.; For highlights of this report, see ED 258 126.
PUB TYPE	Reports - Research/Technical (143)
EDRS PRICE	MF02/PC20 Plus Postage.
DESCRIPTORS	*Drinking; *Drug Use; High Schools; High School Seniors; Illegal Drug Use; Marihuana; Sedatives; *Smoking; Stimulants; *Student Attitudes; *Trend Analysis

ABSTRACT

This report contains detailed statistics on the prevalence of drug use among American high school seniors in 1983, and on trends in those figures since 1975. The introduction provides an overview of the study design and purposes; defines the larger population represented by the survey samples; and discusses sampling procedures, questionnaires and administration methods, the representativeness of the sample, and the validity of the self-report measures of drug use. Section II provides an overview of important results. Section III, Prevalence of Drug Use and Recent Trends, is divided into 12 chapters. Chapter 1 provides a compilation across drugs of the key results contained in chapters 2 through 12 which deal with actual use of various drugs: marijuana/hashish, inhalants, hallucinogens, cocaine, heroin, opiates other than heroin, stimulants, sedatives, tranquilizers, alcohol, and cigarettes. Extensive figures and data tables are included in each chapter. A standard set of tables with comparable table numbers from chapter to chapter are used whenever possible. The key points from data tables are presented in a brief, structured format at the beginning of each chapter. Chapters have been organized and formatted to facilitate use of this report as a reference work. Section IV examines attitudes and beliefs about drugs and the social milieu. Section V presents other findings from the survey. A brief guide for interpreting data tables is appended and all measures discussed in the report are either given or operationally defined in the appendices. (Author/NRB)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

CG

ED263488

NATIONAL INSTITUTE ON DRUG ABUSE

DRUGS AND AMERICAN HIGH SCHOOL STUDENTS

1975-1983

CG 018645

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

✓ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

- Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

BEST COPY AVAILABLE

U.S DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Alcohol, Drug Abuse, and Mental Health Administration

PAGE INDEX FOR SELECTED TABLES AND FIGURES IN CHAPTERS 2 THROUGH 12*

Chapter	Total Sample	All Subgroups**
2. MARIJUANA		
Lifetime--prevalence	91	91
--frequency	95	
Annual --prevalence	92	92
--frequency	95	*94*
Monthly --prevalence	93	93
--frequency	95	
Daily --prevalence	99	99
Grade of First Use	96,105,106	*97*,98
Degree/Duration High	100	*101-104*
3. INHALANTS (Including the Nitrites)		
Lifetime--prevalence	112,113	112,113
--frequency	120,121	
Annual --prevalence	114,115	114,115
--frequency	120-121	*118,119*
Monthly --prevalence	116,117	116,117
--frequency	120,121	
Grade of First Use	122,123	*124,125*
	128-131	126,127
4. HALLUCINOGENS (Including LSD & PCP)		
Lifetime--prevalence	141-144	141-144
--frequency	157-160	
Annual --prevalence	145-148	145-148
--frequency	157-160	*153-156*
Monthly --prevalence	149-152	149-152
--frequency	157-160	
Grade of First Use	161-164,	*165-168,*
	175-180	169-172
Degree/Duration High	173,174	
5. COCAINE		
Lifetime--prevalence	185	185
--frequency	189	
Annual --prevalence	186	186
--frequency	189	*188*
Monthly --prevalence	187	187
--frequency	189	
Grade of First Use	190,194	*191*,192
	195	
Degree/Duration High	193	
6. HEROIN		
Lifetime--prevalence	201	201
--frequency	205	
Annual --prevalence	202	202
--frequency	205	*204*
Monthly --prevalence	203	203
--frequency	205	
Grade of First Use	206,210,211	*207*,208
Degree/Duration High	209	
7. OTHER OPIATES		
Lifetime--prevalence	218	218
--frequency	222	
Annual --prevalence	219	219
--frequency	222	
Monthly --prevalence	220	*221*
--frequency	222	220
Grade of First Use	223,227,228	*224*,225
Degree/Duration High	226	

Chapter	Total Sample	All Subgroups**
8. STIMULANTS (Including Adjusted & Unadjusted)		
Lifetime--prevalence	238	238
--frequency	243,244	
Annual --prevalence	239	239
--frequency	243,244	*241,242*
Monthly --prevalence	240	240
--frequency	243,244	
Grade of First Use	245,246	*247,248*
	252,253	249,250
Degree/Duration High	251	
9. SEDATIVES (Including Quaaludes & Barbiturates)		
Lifetime--prevalence	262-264	262-264
--frequency	274-276	
Annual --prevalence	265-267	265-267
--frequency	274-276	*271-273*
Monthly --prevalence	268-270	268-270
--frequency	274-276	
Grade of First Use	277-279	*280-282*
	288-293	283-285
Degree/Duration High	286-287	
10. TRANQUILIZERS		
Lifetime--prevalence	300	300
--frequency	304	
Annual --prevalence	301	301
--frequency	304	*303*
Monthly --prevalence	302	302
--frequency	304	
Grade of First Use	305,309	*306*,307
	310	
Degree/Duration High	308	
11. ALCOHOL		
Lifetime--prevalence	317	317
--frequency	321	
Annual --prevalence	318	318
--frequency	321	*320*
Monthly --prevalence	319	319
--frequency	321	
Daily --prevalence	325	325
Grade of First Use	322,334,335	*323*,324
Degree/Duration High	326	*327-330*
5+drinks--prevalence	331	*332*,333
12. CIGARETTES		
Lifetime--prevalence	342	342
--frequency	347	
Monthly --prevalence	343	343
--frequency	347	*346*
Daily --prevalence	344	344
½ pkg/day--prevalence	345	345
Grade of First Use	348,351,352	*349*,350

*All tables contain trend data except those for which the page number is given in italics, in which case only data for the current senior class are contained.

**Data for subgroups defined on the following dimensions are given in the tables indicated: sex of respondent, college plans, region of the country, and population density (or urbanicity).

BEST COPY AVAILABLE

DRUGS AND AMERICAN HIGH SCHOOL STUDENTS 1975-1983

by
Lloyd D. Johnston, Ph.D.
Patrick M. O'Malley, Ph.D.
Jerald G. Bachman, Ph.D.

The University of Michigan
Institute for Social Research

1984

National Institute on Drug Abuse
5600 Fishers Lane
Rockville, Maryland 20857

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Alcohol, Drug Abuse, and Mental Health Administration

This publication was written by the principal investigators and staff of The Monitoring the Future project, at the Institute for Social Research, The University of Michigan, under Research Grant No. 3 RO1 DA 01411 from the National Institute on Drug Abuse.

Public Domain Notice

All material appearing in this volume is in the public domain and may be reproduced or copied without permission from the Institute or the authors. Citation of the source is appreciated.

DHHS Publication No. (ADM)85-1374
Printed 1984

CONTENTS

Page

Preface ix

I. INTRODUCTION

Purposes and Rationale 1
Research Design and Procedures 2
Representativeness and Validity 7

II. OVERVIEW OF KEY FINDINGS 11

III. PREVALENCE OF DRUG USE AND RECENT TRENDS

Chapter

1. Summary Across All Drugs

Prevalence of Drug Use 15
Recent Trends 28
Use at Earlier Grade Levels 65
Degree and Duration of Highs 77

2. Marijuana/Hashish 85
3. Inhalants 107
4. Hallucinogens 133
5. Cocaine 181
6. Heroin 197
7. Other Opiates 213
8. Stimulants 229
9. Sedatives 255
10. Tranquilizers 295

11. Alcohol 311
12. Cigarettes 337

IV. ATTITUDES, BELIEFS, AND THE SOCIAL MILIEU

13. Attitudes and Beliefs about Drugs: Current Status & Recent Trends. . 353

Perceived Harmfulness of Drugs 353
Personal Disapproval of Drug Use 355
Attitudes Regarding the Legality of Use 357
The Legal Status of Marijuana 358

14. The Social Milieu: Current Status & Recent Trends 367

Perceived Attitudes of Parents and Friends 367
Exposure to Use by Friends and Others 371
Implications for the Validity of the
Self-Reported Usage Questions 374
Perceived Availability of Drugs 374

V. OTHER RECENT FINDINGS FROM THE STUDY 391

The Use of Non-Prescription Stimulants 391
The Use of Marijuana on a Daily Basis 395
Other Data on Correlates and Trends 400

VI. APPENDIX

A. Representativeness and Validity 401
B. Estimation of Sampling Errors 407
C. Guidelines for Reading and Interpreting Tables 431
D. Questionnaire Content and Definition of Variables 435

References 477

LIST OF TABLES

Tables in Chapter 1 — Page

1-1 Prevalence (Percent Ever Used) of Sixteen Types of Drugs: Observed Estimates and 95% Confidence Limits (1983) 16

1-2 Prevalence (Percent Ever Used) and Recency of Use of Sixteen Types of Drugs (1983) 20

1-3 Lifetime Prevalence of Use of Sixteen Types of Drugs by Subgroups, Class of 1983 25

1-4 Annual Prevalence of Use of Sixteen Types of Drugs by Subgroups, Class of 1983 27

1-5 Thirty-Day Prevalence of Use of Sixteen Types of Drugs by Subgroups, Class of 1983 29

1-6 Trends in Lifetime Prevalence of Sixteen Types of Drugs 31

1-7 Trends in Annual Prevalence of Sixteen Types of Drugs 32

1-8 Trends in Thirty-Day Prevalence of Sixteen Types of Drugs 33

1-9 Trends in Thirty-Day Prevalence of Daily Use of Sixteen Types of Drugs 34

1-10a Trends in Lifetime and Annual Prevalence of Illicit Drug Use: Use of Marijuana Only and Use of Any Other Illicit Drug 38

1-10b Trends in Lifetime and Annual Prevalence of Illicit Drug Use, Amphetamines Excepted: Use of Marijuana Only and of Any Other Illicit Drug 39

1-10c Trends in Lifetime and Annual Prevalence of Illicit Drug Use, Adjusted for Non-Prescription Stimulants; Use of Marijuana Only and Use of Any Other Illicit Drug 40

1-11a Trends in Proportions Using Marijuana But No Other Illicit Drug During the Last Twelve Months, by Subgroups 54

1-11b Trends in Proportions Using Marijuana But No Other Illicit Drug (With the Possible Exception of Amphetamines) During the Last Twelve Months, by Subgroups 55

Tables in
Chapter 1

Page

1-11c Trends in Adjusted Proportions Using Marijuana But No Other Illicit Drug During the Last Twelve Months by Subgroups 56

1-12a Trends in Proportions Using Any Illicit Drug(s) Other Than Marijuana During the Last Twelve Months, by Subgroups 57

1-12b Trends in Proportions Using Any Illicit Drug(s) Other Than Marijuana or Amphetamines During the Last Twelve Months, by Subgroups 58

1-12c Trends in Adjusted Proportions Using Any Illicit Drug(s) Other Than Marijuana During the Last Twelve Months by Subgroups 59

1-13 Grade of First Use for Sixteen Types of Drugs, Class of 1983 66

Tables in
Chapters
2 through 12 (See inside front cover for a detailed listing)

Tables in
Chapter 13

13-1 Trends in Perceived Harmfulness of Drugs 360

13-2 Trends in Proportions Disapproving of Drug Use 361

13-3 Trends in Attitudes Regarding Legality of Drug Use 362

13-4 Trends in Attitudes Regarding Marijuana Laws 363

Tables in
Chapter 14

14-1 Trends in Parental Disapproval of Drug Use 376

14-2 Trends in Proportion of Friends Disapproving of Drug Use 377

14-3 Friends' Use of Drugs, Class of 1983 378

14-4 Trends in Proportions of Friends Using Drugs 379

Tables in
Chapter 14 (cont.) Page

14-5 Friends' Use of Selected Drugs by Subgroups, Class of 1983 381

14-6 Exposure to Drug Use, Class of 1983 382

14-7 Trends in Exposure to Drug Use 383

14-8 Trends in Reported Availability of Drugs 384

14-9 Trends in Perceived Availability of Each Drug as Reported by Recent Users of that Drug 385

Tables in
Section V

V-1 Various Stimulants: Trends in Lifetime, Annual, and 30-Day Prevalence, by Sex 392

V-2 Responses to Selected Questions on Daily Marijuana Use, by Subgroup 397

V-3 Trends in Daily Use of Marijuana in Lifetime, by Subgroups 399

LIST OF FIGURES

Figures in Chapter 1 | Page

A Prevalence and Recency of Use, Eleven Types of Drugs, Class of 1983 18

B Thirty-Day Prevalence of Daily Use, Eleven Types of Drugs, Class of 1983 22

C Trends in Annual Prevalence of Illicit Drug Use Index, All Seniors . . 35

D Trends in Annual Prevalence of Illicit Drug Use Index, by Sex 47

E Trends in Annual Prevalence of Fifteen Drugs, by Sex 48

F Trends in Thirty-Day Prevalence of Daily Use of Marijuana, Alcohol, and Cigarettes, by Sex 53

G Trends in Annual Prevalence of Illicit Drug Use Index, by College Plans 61

H Trends in Annual Prevalence of Illicit Drug Use Index, by Region of the Country 63

I Trends in Annual Prevalence of Illicit Drug Use Index, by Population Density 64

J-1 Use of Any Illicit Drug: Trends in Lifetime Prevalence for Earlier Grade Levels Based on Retrospective Reports from Seniors 70

J-2 Use of Any Illicit Drug: Cumulative Lifetime Prevalence for Each Graduating Class by Grade Level 71

J-3 Use of Any Illicit Drug Other Than Marijuana: Trends in Lifetime Prevalence for Earlier Grade Levels Based on Retrospective Reports from Seniors 72

J-4 Use of Any Illicit Drug Other Than Marijuana: Cumulative Lifetime Prevalence for Each Graduating Class by Grade Level 73

J-5 Use of Any Illicit Drug Other Than Marijuana or Amphetamines: Trends in Lifetime Prevalence for Earlier Grade Levels 74

J-6 Use of Any Illcit Drug Other Than Marijuana or Amphetamines: Cumulative Lifetime Prevalence for Each Graduating Class . . . 75

K Degree of High Attained by Recent Users 78

L Duration of High Attained by Recent Users 80

Figures in Chapters 2 through 12 | Page

-1 In each chapter, retrospective trends in lifetime prevalence for grade levels 6 through 12.

-2 In each chapter, trends in cumulative lifetime prevalence for each graduating class by grade level.

(See inside front cover for specific pages.)

Figures in Chapter 13

13-1 Trends in Perceived Harmfulness: Marijuana and Cigarettes 364

13-2 Trends in Perceived Harmfulness: Other Drugs 365

Figures in Chapter 14

14-1 Trends in Disapproval of Illicit Drug Use, Seniors, Parents and Peers 386

14-2 Trends in Disapproval of Licit Drug Use, Seniors, Parents and Peers 388

14-3 Proportion of Friends Using Each Drug as Estimated by Seniors, in 1981. 389

14-4 Trends in Perceived Availability of Drugs 390

Figures in Section V

V-1 Prevalence and Recency of Use, by Sex 394

PREFACE

This is the fourth in this series of publications from the national research and reporting series conducted at The University of Michigan's Institute for Social Research under the title, Monitoring the Future: A Continuing Study of the Lifestyles and Values of Youth. Core funding for this series has been provided by the National Institute on Drug Abuse.

Content of this Report

Presented here are detailed statistics on the prevalence of drug use among American high school seniors in 1983, and on trends in those figures since 1975. Information on eleven separate classes of drugs is presented in Chapters 2 through 12, and the overall results on prevalence and trends in drug use are summarized in Chapter 1. The following classes of drugs are distinguished: marijuana (including hashish), inhalants, hallucinogens, cocaine, heroin, natural and synthetic opiates other than heroin, stimulants, sedatives, tranquilizers, alcohol, and cigarettes. This particular organization of drug use classes was chosen to heighten comparability with a parallel publication based on a national household survey on drug abuse (Fishburne, Abelson, and Cisin, 1979; Miller, et al., 1983).

Separate statistics are also presented here for several sub-classes of drugs: PCP and LSD (both hallucinogens), barbiturates and methaqualone (both sedatives) and the amyl and butyl nitrites (both inhalants). PCP and the nitrites were added to our measurement for the first time in 1979 because of increasing concern over their rising popularity and possibly deleterious effects; trend data are thus only available for them since 1979. Barbiturates and methaqualone, which in combination constitute the two components of the "sedatives" class as used here, have been separately measured from the outset. They are now presented separately because their trend lines are substantially different.

Except for the use of alcohol and cigarettes, virtually all of the drug use discussed here is illicit. Respondents were asked to exclude any occasions on which they had used any of the psychotherapeutic drugs under medical supervision. A relatively small amount of data was gathered on the medically supervised use of such drugs (i.e., stimulants, sedatives, tranquilizers, and opiates other than heroin), and these are discussed briefly in the relevant chapters. Some interesting and important changes in medical practices may be found there.

We also have chosen to focus heavily on drug use at the higher frequency levels rather than simply reporting the proportions of groups and subgroups who have ever used various drugs. This is done to help differentiate levels of seriousness, or extent, of drug involvement. While we may yet lack any public consensus of what levels of use constitute "abuse," there is surely a consensus that heavier levels of use are more likely to have detrimental effects for the user and society than are lighter levels. Therefore, it is important to talk not only about the breadth of involvement but about the depth of it, as well. In fact, the findings on daily marijuana use contained in the first volume in this series served to draw the attention of policy-makers and the public to a growing phenomenon which may prove to have serious implications for public health.

In addition to describing prevalence and trends in use, this volume contains an assessment of current attitudes and beliefs among American high school seniors concerning various types of drug use and of the ways that these views have been changing over the last eight years. It also considers, in Chapter 14, certain relevant aspects of the social milieu, including students' exposure to various drug-using behaviors, their perceptions of the extent to which their parents and peers disapprove of such behaviors, and their perceptions of just how available various drugs are to them. Trends in all of these factors are also examined.

We also focus on two other aspects of drug-using behavior which have received very little attention in the drug epidemiology literature to date: (a) the intensity and duration of the highs usually experienced with the various drugs, and (b) cross-cohort comparisons of the rate of initiation into drug use. In one of the five questionnaire forms contained in each year's survey, users of each class of drugs have been asked to rate on a four-point Likert scale the intensity of the highs they usually experience. They are also asked to indicate the length of time they usually stay high when using that drug. These questions were developed as rough indicators of the quantity of drugs consumed on the average occasion. The use of these measures was necessitated in large part by the fact that most drugs used illicitly do not come in standard units of quantity or purity (such as ounces, milligrams, proof, etc.), and even if they do, the users are often unaware of what the quantities and purities are. Therefore, despite the subjective nature of these measures, particularly the one rating the intensity of the high being experienced, we decided to approach the issue of quantity through this indirect route. Using these measures we have attempted to characterize the length and subjective intensity of the highs usually associated with each drug, to compare the different types of drugs on these dimensions, and to monitor shifts over time—shifts which may reflect changes in the purity/quantity of each type of drug being used on the average occasion. In each of the chapters in this volume dealing with specific types of drugs, a table is included (usually Table 10) showing the cross-time results on these questions. As will be seen, some important shifts have been occurring on these measures.

Also included in each chapter dealing with a specific class of drugs are two figures which present trends in drug use at earlier grade levels. Both are based on data from the last seven senior classes concerning the grade in which they first used each drug. In one figure, trends in prevalence rates at lower grade levels have been reconstructed. In the other, increases in lifetime prevalence with age are traced across the years for each graduating class. The first figure documents trends in prevalence at lower grade levels in earlier years, while the second illustrates the differences associated with growing up in an earlier versus a later class cohort (graduating class).

Since the monitoring of trends in licit and illicit substance use is but one of the many objectives of this research program, other recent drug-related research findings from the study are summarized at the end of this report.

Intended Audience

A substantially smaller publication containing the highlights of this study is also published by the National Institute on Drug Abuse. Intended for a much wider audience, it contains the key findings from this volume on prevalence and trends in use. The present volume is addressed to those who seek a more complete presentation of findings or more detailed information on the design and procedures of the study. We have presumed that this audience includes policy-makers in various branches of government and regulatory agencies, researchers and practicing clinicians in the drug field, and reporters interested in more in-depth information on particular drugs or particular subgroups of the youth population. Given this likely mix of readers, we have attempted to write in a manner which is intelligible and interesting to those whose background is not in research. At the same time we have tried to be sufficiently thorough on the technical aspects of the study, particularly in the appendices, to allow other researchers to judge the scientific quality of the data.

Organization of the Volume

The Introduction provides an overview of the study design and purposes, including a definition of the larger population represented by our survey samples, the methods used to draw the samples, the nature of the questionnaires and questionnaire administrations, and a discussion of the representativeness of the resulting samples as well as the validity of our self-report measures of drug use. Section II, Overview of Key Findings, provides a very brief "executive summary" of the most important results in the volume. The first chapter of the Main Findings section (Section III), Summary and Integration Across Drugs, provides (as its title implies) a compilation across drugs of the key results contained in Chapters 2 through 12, which deal with actual use of the various drugs. Beyond these sections, however, the chapters are not written to be read sequentially, so nothing is lost by reading selectively. In fact, the chapters have been organized and formatted to facilitate use of this volume as a reference work.

The key points to be derived from the data tables in each chapter are presented in a brief, structured format at the beginning of the chapter. Chapters 2 through 11 use a standard set of tables with comparable table numbers from chapter to chapter wherever possible. Thus, for example, the information in Table 5 in Chapter 2 (on marijuana) is comparable to that in Table 5 of Chapter 6 (on heroin). Since the questions concerning cigarette use are somewhat different from those on the other drugs, the table sequence in Chapter 12 departs from that used in the preceding chapters. A brief guide for interpreting the tables can be found in Appendix C, and all measures discussed in the volume are given, or operationally defined, in Appendix D. Because the study contains so much instrumentation (five different questionnaire forms), it is neither practical nor helpful to include it all here. However, the full set of instruments may be secured by writing to the authors.

Other Publications

This volume is the fourth in a series and the "highlights" version of it is the seventh in an annual series; subsequent volumes in these series will provide prevalence and trend data for each new senior class. There also are a number of other publications covering somewhat different topics from the Monitoring the Future project. Already published as part of an ongoing annual series are nine hard-bound volumes—one each for the classes of 1975 through 1983—which contain the responses of the entire sample and a number of subgroups to all questions in the five questionnaire forms administered each year. Each volume has a cross-year reference index to permit the easy comparison of questions across all years of the study. These volumes are published by the Publications Division of the Institute for Social Research, at the University of Michigan, Box 1248, Ann Arbor, Michigan, 48106.

In addition to the usual publications in professional journals, there is a series of occasional papers, also published by the Institute for Social Research, containing methodological papers, study documentation, and substantive papers. The first, for example, contains a detailed discussion of the purposes, research design, and technical procedures for the study. Readers wishing to be notified of the contents of this series, as well as other publications from the study, may write to the authors.

I. Introduction

This report deals with high school seniors in the classes of 1975 through 1983—their drug use, attitudes about drug use, exposure to drug use, and perceptions about the availability of drugs. The findings are based on the Monitoring the Future project, a series of annual surveys conducted by the Institute for Social Research at The University of Michigan under a research grant from the National Institute on Drug Abuse.

Purposes and Rationale for this Research

Perhaps no area is more clearly appropriate for the application of systematic research and reporting than the drug field, given its rapid rate of change, its importance for the well-being of the nation, and the amount of legislative and administrative intervention addressed to it. Young people are often at the leading edge of social change; and this has been particularly true in the case of drug use. The surge in illicit drug use during the last decade has proven to be primarily a youth phenomenon, with onset of use most likely to occur during adolescence. From one year to the next particular drugs rise or fall in popularity, and related problems occur for youth, for their families, for governmental agencies, and for society as a whole. As this volume will demonstrate, considerable change is continuing to take place.

One of the major purposes of the Monitoring the Future series is to develop an accurate picture of the current situation and of current trends. A reasonably accurate assessment of the basic size and contours of the problem of illicit drug use among young Americans is an important starting place for rational public debate and policymaking. In the absence of reliable prevalence data, substantial misconceptions can develop and resources can be misallocated. In the absence of reliable data on trends, early detection and localization of emerging problems are more difficult, and the assessment of the impact of major historical and policy-induced events much more conjectural.

Various methods exist for monitoring and assessing drug use. Many of them rely on data from existing institutions and social agencies--hospitals, coroners' offices, police agencies, treatment programs—and represent counts of various critical events related to drug use. What distinguishes the sample survey technique as used here from these other methods is that it can generate statistics on those segments of the population who do not come to the attention of such agencies (the majority), as well as on a good proportion of those who do. Further, surveys allow for the calibration of sampling accuracy. For purposes of monitoring trends, moreover, the methods of sampling and measurement can be held rigidly constant across time, whereas social agencies may be capturing different proportions or segments of the larger drug-using population at different points in time.

On the other hand, agency based systems are superior for monitoring certain important "rare events"—such as overdose deaths, drug emergencies, drug arrests, and treatment admissions—since sample surveys simply contain too few respondents to estimate reliably their frequency of occurrence. For certain types of people, such as heavy heroin users, neither sample surveys nor agency based systems may provide very accurate estimates of overall prevalence, although it may be possible to monitor trends by using their results in combination.

In sum, the several methods for monitoring and assessing drug use and related factors each have some strengths and some limitations. For estimating and monitoring most types of illicit drug use in the general population, we believe that the sample survey technique provides not only the most accurate method currently available, but the most efficient as well.

The type of information provided by this series of annual surveys obviously does not translate directly into specific policy decisions; but its availability should enhance the decision-making process by providing more insight into the size and nature of the problems, the rate of change occurring nationally and in subgroups, some of the social and psychological dynamics involved, and the effects of some large-scale interventions (such as changed drug laws and new drug education programs).

The Monitoring the Future study has a number of purposes other than prevalence and trend estimation—purposes which are not addressed in any detail in this volume. Among them are: gaining a better understanding of the lifestyles and value orientations associated with various patterns of drug use, and monitoring how those orientations are shifting over time; determining the immediate and more general aspects of the social environment which are associated with drug use and abuse; determining how drug use is affected by major transitions in social environment (such as entry into military service, civilian employment, college, unemployment) or in social roles (marriage, parenthood); distinguishing age effects from cohort and period effects in determining drug use; determining the effects of social legislation on all types of drug use; and determining the changing connotations of drug use and changing patterns of multiple drug use among youth. Readers interested in publications dealing with any of these other areas should write the authors at the Institute for Social Research, Rm. 2030, The University of Michigan, Ann Arbor, Michigan, 48109.

Research Design and Procedures*

The basic research design involves annual data collections from high school seniors during the spring of each year, beginning with the class of 1975. Each data collection takes place in approximately 125 to 135 public and private high schools selected to provide an accurate cross section of high school seniors throughout the United States.

Reasons for Focusing on High School Seniors. There are several reasons for choosing the senior year of high school as an optimal point for monitoring the drug use and related attitudes of youth. One is that the completion of high school represents the end of an important developmental stage in this society, since it demarcates both the end of universal public education and, for many, the end of living in the parental home. Therefore, it is a logical point at which to take stock of the cumulated influences of these two environments on American youth.

Further, the completion of high school represents the jumping-off point from which young people diverge into widely differing social environments including college, business firms, military service, and homemaking. But these environmental transitions are not the only important changes which coincide with the end of high school. Most young men and women now reach the formal age of adulthood shortly before or after graduation; more significantly, they begin to assume adult roles, including financial self-support, marriage, and parenthood.

---

*A more extensive description of the research design may be found in Bachman and Johnston (1978).

Finally, there are some important practical advantages to building a system of data collections around samples of high school seniors. The last year of high school constitutes the final point at which a reasonably good national sample of an age-specific cohort can be drawn and studied economically. The need for systematically repeated, large-scale samples from which to make reliable estimates of change requires that considerable stress be laid on efficiency and feasibility; the present design meets those requirements.

One limitation in the present design is that it does not include in the target population those young men and women who drop out of high school before graduation (or before the last few months of the senior year, to be more precise). This excludes a relatively small proportion of each age cohort—between 15 and 20 percent—though not an unimportant segment, since we know that illicit drug use tends to be higher than average in this group (Johnston, 1973; Bachman, O'Malley, & Johnston, 1978). However, the addition of a representative sample of dropouts would increase the cost of the present research very substantially, because of their dispersion and generally higher level of resistance to being located and interviewed.

The extent to which the exclusion of dropouts affects overall usage rates depends on two factors: the proportion of the class cohort that is missing from school and the rate of use for the various drugs in that missing segment. United States Census data show that the proportion of 20 to 24 year old Americans who are not high school graduates is about 15%. It is much more difficult to estimate the rates of use of the various drugs among that 15%. Johnston and O'Malley (in press) used two methods to make such estimates: (1) extrapolations from data provided by seniors, and (2) recent national data from the National Household surveys on Drug Abuse (Miller, et al., 1983). Their conclusion was that, with the exception of heroin, "our estimates based on participating seniors, though somewhat low, are not a bad approximation for the age group as a whole" (p. 9).* This conclusion was shared by another pair of investigators who conducted specific analyses addressing the question of the effect of excluding absentees and dropouts from this study. Clayton and Voss summarized their findings: "the analyses provided in this report show that failure to include these two groups does not substantially affect the estimates of the incidence and prevalence of drug use" (abstract, 1982).** For the purposes of estimating changes from one cohort of high school seniors to another, the omission of dropouts represents a problem only if different cohorts have considerably different proportions who drop out. However, we have no reason to expect appreciable changes in those rates for the foreseeable future, and recently published government statistics indicate a great deal of stability in dropout rates since 1970.***

---

*Johnston, L. D., & O'Malley, P. M. Issues of validity and population coverage in student surveys of drug use. In B. Rouse, L. Richards, N. Kozel (Eds.) Current Challenges to Drug Abuse Estimation (National Institute on Drug Abuse Research Monograph). Washington, D.C.: National Institute on Drug Abuse, in press, 1984.

**Clayton, R. R., and Voss, H. R. Technical review on drug abuse and dropouts. Report on a National Institute on Drug Abuse technical review meeting, June 7, 1982, Rockville, MD.

***An examination of U. S. Census data shows that the proportion of all American 16 to 24 year olds who are not high school graduates, nor actively enrolled in school, remained virtually constant (at about 15%) between 1970 and 1980. (Bureau of the Census, "School Enrollment—Social and Economic Characteristics of Students," Series P-20, various years).

Some may use our high school data to draw conclusions about changes in drug use for the entire age group. While we do not encourage such extrapolation, we suspect that the conclusions reached would be valid, on the whole, since over 80% of the age group is in the surveyed segment of the population and since we expect that change among those not in school are very likely to parallel the changes among those who are. Nevertheless, we recognize the value of periodically checking the results of the present monitoring system against those emerging from other data collection systems using different methods, such as household interviews. It is encouraging to note that when we have compared data for this age group from the present study with those from interview studies, the findings have shown a high degree of similarity in prevalence rates.

Sampling Procedures. A multi-stage procedure is used for securing a nationwide sample of high school seniors. Stage 1 is the selection of particular geographic areas, Stage 2 is the selection of one or more high schools in each area, and Stage 3 is the selection of seniors within each high school.

Stage 1. The geographic areas used in this study are the primary sampling units (PSUs) developed by the Sampling Section of the Survey Research Center for use in the Center's nationwide interview studies. These consist of 74 primary areas throughout the coterminous United States. In addition to the 12 largest metropolitan areas, containing about 30 percent of the nation's population, 62 other primary areas are included: 10 in the Northeast, 18 in the North Central area, 24 in the South, and 10 in the West. Because these same PSUs are used for personal interview studies by the Survey Research Center, local field representatives can be assigned to administer the data collections in practically all schools.

Stage 2. In the major metropolitan areas more than one high school is often included in the sampling design; in most other sampling areas a single high school is sampled. In all cases, the selections of high schools are made such that the probability of drawing a school is proportionate to the size of its senior class. The larger the senior class (according to recent records), the higher the selection probability assigned to the high school. When a sampled school is unwilling to participate, a replacement school as similar to it as possible is selected from the same geographic area.

Stage 3. Within each selected school, up to about 400 seniors may be included in the data collection. In schools with fewer than 400 seniors, the usual procedure is to include all of them in the data collection. In larger schools, a subset of seniors is selected either by randomly sampling classrooms or by some other random method that is convenient for the school and judged to be unbiased. Sample weights are assigned to each respondent so as to take account of variations in the sizes of samples from one school to another, as well as the (smaller) variations in selection probabilities occurring at the earlier stages of sampling.

The three-stage sampling procedure described above yielded the following number of participating schools and students:

TABLE 1

Monitoring the Future
Number of Participating Schools and Students

	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983
Number public schools	111	108	108	111	111	107	109	116	112
Number private schools	14	15	16	20	20	20	19	21	22
Total number schools	125	123	124	131	131	127	128	137	134
Total number students	15,791	16,678	18,436	18,924	16,662	16,524	18,267	18,348	16,947
Student response rate	78%	77%	79%	83%	82%	82%	81%	83%	84%

One other important feature of the base-year sampling procedure should be noted here. Each school (except for half of those in the 1975 data collection) is asked to participate in two data collections, thereby permitting replacement of half of the total sample of schools each year. One motivation for requesting that schools participate for two years is administrative efficiency; it is a costly and time-consuming procedure to secure the cooperation of schools, and a two-year period of participation cuts down that effort substantially. Another important advantage is that whenever an appreciable shift in scores from one graduating class to the next is observed, it is possible to check whether the shift might be attributable to some differences in the newly sampled schools. This is done simply by repeating the analysis using only the 60 or so schools which participated both years. Thus far, the half-sample approach has worked quite well; the half-samples of repeat schools yield drug prevalence trends which are highly similar to trends based on all schools.

School Recruiting Procedures. Early during the fall semester an initial contact is made with each sampled school. First a letter is sent to the principal describing the study and requesting permission to survey seniors. The letter is followed by a telephone call from a project staff member, who attempts to deal with any questions or problems and (when necessary) makes arrangements to contact and seek permission from other school district officials. Basically the same procedures are followed for schools asked to participate for the second year.

Once the school's agreement to participate is obtained, arrangements are made by phone for selecting a random sample of seniors, when the school is large, and for administering the questionnaires. A specific date for the survey is mutually agreed upon and a local Survey Research Center (SRC) representative is assigned to carry out the administration.

Advance Contact with Teachers and Students. The local SRC representative is instructed to visit the school two weeks ahead of the actual date of administration. This visit serves as an occasion to meet the teachers whose class(es) will be affected and to provide them with a brochure describing the study, a brief set of guidelines about the questionnaire administration, and a supply of flyers to be distributed to the students a week to 10 days in advance of the questionnaire administration. The guidelines to the teachers include a suggested announcement to students at the time the flyers are distributed.

From the students' standpoint, the first information about the study usually consists of the teacher's announcement and the short descriptive flyer. In announcing the study, the teachers are asked to stress that the questionnaires used in the survey are not tests, and that there are no right or wrong answers. The flyer tells students that they will be invited to participate in the study, points out that their participation is strictly voluntary, and stresses confidentiality (including a reference to the fact that the Monitoring the Future project has a special government grant of confidentiality which allows their answers to be protected).

Questionnaire Administration. The actual questionnaire administration in each school is carried out by the local Survey Research Center representatives and their assistants, following standardized procedures detailed in a project instruction manual. The questionnaires are administered in classrooms during normal class periods whenever possible; however, circumstances in some schools require the use of larger group administrations. Teachers are not asked to do anything more than introduce the SRC staff members and (in most cases) remain present in order to help guarantee an orderly atmosphere for the survey. Teachers are urged to avoid walking around the room, lest students feel that their answers might be observed.

The actual process of completing the questionnaires is quite straightforward. Respondents are given sharpened pencils and asked to use them because the questionnaires are designed for automatic scanning. Most respondents can finish within a 45-minute class period; for those who cannot, an effort is made to provide a few minutes of additional time.

Content Areas and Questionnaire Design. Drug use and related attitudes are the topics which receive the most extensive coverage in the Monitoring the Future project; however, the questionnaires also deal with a wide range of other subject areas including attitudes about government, social institutions, school, changing roles for men and women, educational aspirations, occupational aims, marital and family plans, as well as a variety of background and demographic factors. Given this breadth of content, the study is not presented to respondents as a "drug use study," nor do they tend to view it as such.

Because many questions are needed to cover all of these topic areas, much of the questionnaire content is divided into five different questionnaire forms (which are distributed to participants in an ordered sequence that insures five virtually identical subsamples). About one-third of each questionnaire form consists of key or "core" variables which are common to all forms. All demographic variables, and nearly all of the drug use variables included in this report, are included in this "core" set of measures.* This use of the full sample for drug and demographic measures provides a more accurate estimation on these dimensions and also makes it possible to link these dimensions statistically to all of the other measures which are included in a single form only. Many of the questions dealing with attitudes, beliefs, and perceptions of relevant features of the social milieu appear in only a single form, however, and are thus based on one-fifth as many cases (i.e., approximately 3,500 respondents).

---

*The "core" measures of drug use and the selected core demographic variables used in this report are reproduced in Appendix D.

Procedures for Protecting Confidentiality. In any study that relies on voluntary reporting of drug use, it is essential to develop procedures which guarantee the confidentiality of such reports. It is also desirable that these procedures be described adequately to respondents so that they are comfortable about providing honest answers.

We noted that the first information given to students about the survey consists of a descriptive flyer stressing confidentiality and voluntary participation. This theme is repeated at the start of the actual questionnaire administration. Each participating student is instructed to read the message on the cover of the questionnaire, which stresses the importance and value of the study, notes that answers will be kept strictly confidential, and makes the following statement about voluntary participation: "This study is completely voluntary. If there is any question you or your parents would find objectionable for any reason, just leave it blank." (Students who do not wish to participate are asked to work quietly on their own schoolwork.) The instructions then point out that in a few months a summary of nationwide results will be mailed to all participants, and also that a follow-up questionnaire will be sent to some students after a year. The cover message explains that these are the reasons for asking that name and address be written on a special form which will be removed from the questionnaire and handed in separately. The message also points out that the two different code numbers (one on the questionnaire and one on the tear-out form) cannot be matched except by a special computer tape at The University of Michigan.

Near the end of the administration period, the Survey Research Center (SRC) staff member instructs students to separate the address form and then fill it out and pass it in separately. The completed questionnaires and the address forms then remain in the possession of the SRC representative until they are mailed. When mailed, the address forms go to SRC, while the questionnaires go directly to the company which scores them, using optical scanning procedures. Once the address forms are separated from the questionnaires it is virtually impossible for anyone, either SRC field staff or school personnel, to match the two again. The questionnaires have an ordered sequence of code numbers, but the computer-printed numbers on the address forms are random numbers. As the instructions to students state, the only way the two could be matched would be to use the special tape at The University of Michigan. (As a matter of fact, that particular match is never made. Follow-up questionnaires with new numbers are matched to base-year questionnaires without ever directly associating respondents' names with either questionnaire.)

The statements and procedures dealing with confidentiality seem to satisfy nearly all high school seniors who participate in the project. As a part of the 1975 data collection, individual interviews were conducted in six participating schools located in five different states. Of the total of 123 interviewees, 91 had completed a Monitoring the Future questionnaire during the previous day. Only two of these respondents said that they were not aware of the project's promise of confidentiality. All respondents were asked, "How much faith do you have in this guarantee?" Only two said they did not have faith in the promise; 85 percent had complete faith in the confidentiality guarantee; the rest said that they did not care (often saying they "had nothing to hide").

Representativeness and Validity

The samples for this study are intended to be representative of high school seniors throughout the 48 coterminous states. We have already discussed the fact that this definition of the sample excludes one important portion of the age cohort: those who have dropped out of high school before nearing the end of the senior year. But given the aim of representing high school seniors, it will now be useful to consider the extent to which the obtained samples of schools and students are likely to be representative of all seniors, and the degree to which the data obtained are likely to be valid.

We can distinguish at least four ways in which survey data of this sort might fall short of being fully accurate: (1) some sampled schools refuse to participate, which could introduce some bias; (2) the failure to obtain questionnaire data from 100 percent of the students sampled in participating schools could also introduce bias; (3) the answers provided by participating students are open to both conscious and unconscious distortions, which could reduce validity; and (4) limitations in sample size and/or design could place limits on the accuracy of estimates. The problems of representativeness of both schools and students, and also the problem of validity of answers, are treated extensively in Appendix A; matters of accuracy and sampling error are treated in Appendix B. This section presents only the highlights of each of those discussions.

School Participation. As noted in the description of the sampling design, schools are invited to participate in the study for a two-year period. With very few exceptions, each school which has participated for the first year has agreed to participate for a second year. Depending on the year, from 66% to 80% of the schools initially invited to participate agree to do so; for each school refusal, a similar school (in terms of size, geographic area, urbanicity, etc.) is recruited as a replacement (see Appendix A for details). The selection of replacement schools almost entirely removes problems of bias in region, urbanicity, and the like that might result from certain schools refusing to participate. Other potential biases are more subtle, however. If, for example, it turned out that most schools with "drug problems" refused to participate, that would seriously bias the sample. And if any other single factor were dominant in most refusals, that also might suggest a source of serious bias. In fact, however, the reasons for a school refusing to participate are varied and are often a function of happenstance events; only a small proportion specifically object to the drug content of the survey. Thus we feel fairly confident that school refusals have not seriously biased the surveys.

Student Participation. Completed questionnaires are obtained from 77% to 84% of all sampled students in participating schools each year. The single most important reason that students are missed is that they are absent from class at the time of data collection; in most cases it is not workable to schedule a special follow-up data collection for absent students. Students with fairly high rates of absenteeism also report above-average rates of drug use; therefore, there is some degree of bias introduced by missing the absentees. Much of that bias could be corrected through the use of special weighting; however, we decided not to do so because the bias in overall drug use estimates was determined to be quite small, and because the necessary weighting procedures would have introduced undesirable complications (see Appendix A for a discussion of this point). In a recent paper on the effects of missing absentees and dropouts, Johnston and O'Malley (1984) report that, based on the Class of 1981, the correction needed to compensate for the omission of absentees averaged only 1.4% across all 13 classes of drugs for lifetime prevalence. The largest correction of under 3% came in the case of marijuana.

In addition to absenteeism, student nonparticipation occurs because of schedule conflicts with school trips and other activities which tend to be more frequent than usual during the final months of senior year. Of course, some students are not absent from class, but simply refuse to complete or turn in the questionnaire. However, the SRC representatives in the field estimate this proportion to be only 1 percent or less of the target sample.

Validity of Self-Report Data. Survey measures of drug use depend upon respondents reporting what are, in many cases, illegal acts. Thus a critical question is whether such self-reports are likely to be valid. We have no direct, objective validation of the present measures; however, the considerable amount of inferential evidence which exists strongly suggests that these self-report questions produce largely valid data. In particular, the low rate of nonresponse on the drug questions, the large proportion admitting to some illicit drug use, the consistency of findings across several years of the present study, the close match between our data and the findings from other studies using other methods, the strong relationships found to exist between the drug use measures and other variables theoretically and logically assumed to be related to them, the tendency for indirect indicators of use (e.g., reported friends use) to show highly parallel trends to those found with the self-report measures, and the findings from several methodological studies which have used objective validation methods all leave us reasonably confident about the validity of the measures used here. (See Appendix A for a more complete discussion of these points.)

Accuracy of the Sample. A sample survey never can provide the same level of accuracy as would be obtained if the entire target population were to participate in the survey—in the case of the present study, about three million seniors per year. But perfect accuracy of this sort would be extremely expensive, and certainly not worthwhile considering the fact that a high level of accuracy can be provided by a carefully designed probability sample. The accuracy of the sample in this study is affected both by size of the student sample and by the number of schools in which they are clustered. Appendix B presents a discussion of the ways in which this clustering and other aspects of the sampling design are taken into account in computing the precision or accuracy of the samples. For purposes of this introduction, it is sufficient to note that drug use estimates based on the total sample for 1983 have confidence intervals that average about ±1% (as shown in Table 1, confidence intervals vary from ±2.1% to smaller than ±0.3%, depending on the drug). This means that had we been able to invite all schools and all seniors in the 48 coterminous states to participate, the results from such a massive survey should be within about one percentage point of our present findings for most drugs at least 95 times out of 100. We consider this to be a high level of accuracy, and one that permits the detection of fairly small changes from one year to the next.

Consistency and the Measurement of Trends. One other point is worth noting in a discussion of the validity of our findings. The Monitoring the Future project is, by intention, a study designed to be sensitive to changes from one time to another. Accordingly, the measures and procedures have been standardized and applied consistently across each data collection. To the extent that any biases remain because of limits in school and/or student participation, and to the extent that there are distortions (lack of validity) in the responses of some students, it seems very likely that such problems will exist in much the same way from one year to the next. In other words, biases in the survey estimates will tend to be consistent from one year to another, which means that our measurement of trends should be affected very little by any such biases.

A Caution about the Stimulant Results

In reporting their psychotherapeutic drug use, respondents are instructed to exclude not only medically-supervised use, but also any use of over-the-counter (i.e., non-prescription drugs. However, in recent years some of those reporting stimulant (amphetamine) use have erroneously been including the use of over-the-counter stay-awake and diet pills, as well as other pills intentionally manufactured to look like amphetamines, and sold under names which sound like them, but which contain no controlled substances. (Legislative and enforcement efforts are now under way in many states to stop the manufacture and mail-order distribution of these latter "look-alike, sound-alike" pseudo-amphetamines.) The advertising and sale of over-the-counter diet pills (most of which contain the mild stimulant phenylpropanolamine, and some of which also contain caffeine) have burgeoned in recent years, as has also been true for the "sound-alike, look-alike" pills (most of which contain caffeine). We believe that the inappropriate inclusion of these non-controlled stimulants in the responses to our surveys accounts for much of the observed sharp rise in reported "amphetamine" use in 1980 and 1981. Therefore, the reader is advised to view the unadjusted amphetamine-use statistics for those years with some caution.

In the 1982 survey, we introduced some new questions on the use of both controlled and non-controlled stimulants. (We also kept the old version of the question in two questionnaire forms so that it would be possible to "splice" the trend lines resulting from the old and new questions.) Since 1982 we have included statistics on "amphetamines, adjusted"—which are based on these new questions. We think these have been successful at getting respondents to exclude over-the-counter stimulants and those "look-alike" stimulants which the user knows are look-alikes. However, as is true with several other drug classes, the user may at times be ingesting a substance other than the one he or she thinks it to be. Thus, some erroneous self-reports of "amphetamine" use may remain.

An upward bias from the inclusion of over-the-counter and look-alike stimulants affects not only the stimulant (amphetamine) trend statistics, but also trend statistics for the composite index entitled "use of any illicit drug other than marijuana." Since this index has been used consistently in this monograph series to compare important subgroups (such as those defined by sex, region, college plans, etc.) we have also included an adjusted value based on calculations in which amphetamines have been excluded. In other words, this adjusted statistic reflects "use of any illicit drugs other than marijuana or amphetamines," and is included to show what happens when amphetamine use—and any upward biases in trends it might contain—is excluded from the trend statistics since 1975. Another adjusted statistic is also included beginning in 1982, which gives our best estimate of overall illicit drug use, including the use of real amphetamines. It uses the revised amphetamine question which was first introduced in 1982.

It is worth noting that the two classes of drug use which are not actually amphetamine use, but which may be inadvertently reported as amphetamine use, reflect two quite different types of behavior. Presumably most users of over-the-counter diet and stay-awake pills are using them for functional reasons and not for recreational purposes. On the other hand, it seems likely that most users of the look-alike pseudo-amphetamines are using them for recreational purposes. (In fact, in many cases the user who purchased them on the street may think he or she has the real thing.) Thus, the inclusion of the look-alikes may have introduced a bias in the estimates of true amphetamine use, but not in the estimates of a class of behavior—namely, trying to use controlled stimulants for recreational purposes. Some would argue that the latter is the more important factor to be monitoring in any case.

II. Overview Of Key Findings

The results presented in this report are based on large, representative sample surveys of the last nine graduating classes enrolled in public and private high schools across the United States. The following is a synopsis of the most important findings to emerge in the 1983 survey:

- This year's findings suggest that the decline in overall illicit drug use, which began a couple of years ago, is real and continuing. Current use of an illicit drug (that is, some use in the past 30 days of one or more illicit drugs) is down to 32% in 1983 from a peak level of 39% in 1979. (It stood at 34% in 1982.) Annual prevalence (the proportion reporting any use in the prior year) dropped from 54% to 49% over the same four-year interval. Lifetime prevalence is down less over that interval, suggesting that an increased rate of quitting is in part responsible for the decline.

- Much of this decline is attributable to an ongoing drop in the use of the most popular of the illicit drugs, marijuana, for which current use has dropped from 37% in 1979 to 27% in 1983 and annual prevalence has dropped from 51% to 42% over the same interval.

- However, the proportion of seniors reporting the use of illicit drugs other than marijuana has also been dropping since 1981. Between 1982 and 1983 annual prevalence for this class of behavior dropped from 30% to 28% (adjusted—see discussion in prevalence section).

- Among the specific drugs which showed the greatest declines in use this year were amphetamines (prescription-controlled stimulants), methaqualone, and LSD. Of the classes of drugs which are illicitly used, amphetamines are the second most prevalent after marijuana. That, plus the fact that their use appeared to have been rising from 1975 through 1981, makes their decline from 20% annual prevalence (adjusted) in 1982 to 18% in 1983 particularly important. Methaqualone also reached its peak in 1981, at 8% annual prevalence, but was down to 5% by 1983. LSD use, which has remained level throughout most of the study, also began to show a modest decline in 1983.

- Certain other drugs continued a gradual long-term decline. For example, the annual prevalence of barbiturate use in 1983 is 5%, less than half what it was in the peak year of 1975 (11%). And the annual prevalence of tranquilizer use is down from a peak of 11% in 1977 to 7% in 1983. The annual prevalence of PCP use stands at under 3% in 1983, down from a peak level of 7% in 1979 (though it actually rose a slight, but not statistically significant, amount in 1983).

- Not all drugs showed a decline in 1983. Inhalant use, for example, has remained fairly stable since 1980, though at low absolute levels (i.e., an annual prevalence of 4% in 1983). Heroin use, which did drop by roughly one-half between 1975 and 1979, has not changed appreciably since. (Annual prevalence in 1983 stands at 0.6%.) And the use of opiates other than heroin remained unchanged in 1983, although it dropped slightly in 1982 (to an annual prevalence of 5%).

- Among the most important changes observed over the interval of 1975-1983 have been those found for daily marijuana use (defined as use on twenty or more occasions in the past thirty days). Between 1975 (when this study began) and 1978, daily marijuana use climbed rapidly and steadily from 6% to 11% of all seniors. Since 1978, however, there has been just about as precipitous a fall in daily use, as young people's concerns about the consequences of regular use have grown and peer acceptance has fallen. (Some 63% now attribute great risk to regular marijuana use, up from 35% in 1978; and in 1983 fully 83% of all seniors said they personally disapproved of regular marijuana use, up from 68% in 1978. Some 78% think their friends would disapprove of such behavior.) This year, active daily use is down to its lowest point since the study began, at 5.5%, or about half of its peak level in 1978.

  Some questions which were newly introduced in 1982 showed that our measure of current daily marijuana use considerably understates the number who have been daily users at some time. In 1982, some 21% of the sample said they had smoked marijuana daily, or near daily, continuously for a month or more at some time in their lives. (See the section on "Other Recent Findings from the Study".) This somewhat startling statistic also dropped in 1983, to 17%. Note that this is three times the current daily marijuana use figure.

- Another drug of great concern at present is cocaine. In this series of surveys the annual prevalence of cocaine more than doubled between 1975 and 1979 and then leveled off in 1980 and 1981 at 12%. The prevalence rates in 1982 and 1983 were both 11%, suggesting that the period of dramatic increase is over. However, other statistics on drug-related medical emergencies and treatment demand suggest that the "casualties" from the earlier period of very rapid increase are still rising. We interpret this in part to be due to the time lag between initiation and the development of a pattern of use, and resulting experiences, which give rise to events discernible in such social agency statistics.

  Findings (published elsewhere) from the panel follow-ups of past graduating classes in this study show that the incidence of cocaine use in these recent classes continued to rise sharply in the years after high school, giving this drug the latest age-of-onset pattern of any studied here.

It is of interest to note that the Western and Northeastern regions of the country have annual prevalence rates for cocaine which are roughly twice those of the South and North Central regions, yielding one of the greatest regional differences found for any drug.

- The greater moderation by American young people in their use of illicit drugs is evidenced not only by the fact that fewer are using most types of drugs, but also by the fact that, even among the users of many of these classes, use appears to be less intense. Since 1975 there has been a drop in the degree and/or duration of the "highs" reported by users for marijuana, stimulants, cocaine, sedatives, hallucinogens, and opiates other than heroin. To take another measure, in 1976, 65% of those who reported using marijuana in the prior year said they averaged less than one "joint" per day, versus 76% of such users in 1983.

- The prevalence of the several classes of non-prescription stimulants were estimated for the first time in 1982. (See the last section of this report.) The look-alike pseudo-amphetamines, which were virtually non-existent a few years ago, have attained a fair-sized market in just a few years. Lifetime prevalence in 1983 is 15%, monthly prevalence 5%, and daily prevalence 0.4%. These numbers are down only slightly from last year.

- Over-the-counter diet pills have been used by a sizeable proportion of seniors (31% lifetime prevalence and 10% in just the prior month). Use is particularly high among females: 45% lifetime prevalence, 14% in the last month, and 1.6% current daily use. (All other stimulants, including amphetamines, are used by roughly equal proportions of both sexes.)

- Stay-awake pills sold over-the-counter are used by fewer seniors: 20% lifetime prevalence, and 5% in the last month. While such pills may be used to stay awake for studying, the prevalence of their use is not appreciably higher among the college-bound.

- Turning to the two major licit drugs, alcohol use has remained relatively stable in this population since 1975, though at high levels. Nearly all young people have tried alcohol by the end of their senior year (93%) and the great majority (69%) have used in the prior month. Daily drinking is at about the same level in 1983 (5.5%) as it was in 1975 (5.7%), but this reflects some drop from a peak level in 1979 of 6.9%. The rate of occasional binge drinking (or party drinking), rose from 37% in 1975 saying that on at least one occasion they had taken five or more drinks in a row during the prior two weeks, to 41% in 1979. It has remained at that disturbingly high level since.

  However, there is some modest evidence over the last several years from the overall prevalence figures and daily use figures of a very gradual diminution in alcohol use.

- Daily smoking dropped from 29% to 20% between 1977 and 1981, and daily use of half-a-pack a day or more fell from 19.4% to 13.5%. Since then, however, smoking rates have remained constant.

  As with marijuana, it appears that the rather large drop in daily smoking rates was in response to both personal concerns about the health consequences of use and perceived peer disapproval of use, both of which rose steadily through 1980. Slightly fewer males than females are regular smokers (13.1% of the males smoke half-a-pack a day vs. 13.6% of the females), but the sex difference is larger if occasional smoking is included. A far greater difference, however, is associated with college plans: only 8% of the college-bound smoke half-a-pack or more daily compared with 21% of the non-college-bound.

- In sum, the use of many illicit drugs has declined, or is declining, significantly from the peak levels attained during the late seventies. In addition, cigarette use has declined substantially, although that decline has now ended.

  Despite this generally good news about the direction in which things have been moving, it would be a disservice to leave the impression that the drug abuse problem among American youth is anywhere close to being solved. It is still true that:

  Roughly two-thirds of all American young people (63%) try an illicit drug before they finish high school.

  Fully 40% have illicitly used drugs other than marijuana.

  At least one in every eighteen high school seniors is actively smoking marijuana on a daily basis, and fully 17% have done so for at least a month at some time in their lives.

  About one in eighteen is drinking alcohol daily; and 41% have had five or more drinks in a row at least once in the past two weeks.

  Some 30% have smoked cigarettes in the prior month, a substantial proportion of whom are daily smokers (21%), or soon will be.

- These are truly alarming levels of substance use and abuse, whether by historical standards or in comparison with other countries. In fact, they still probably reflect the highest levels of illicit drug use to be found in any industrialized nation in the world.

III. Prevalence Of Drug Use And Recent Trends

Chapter 1

SUMMARY ACROSS ALL DRUGS

This chapter presents a summary and integration of the findings contained in the next eleven chapters in this volume, each of which deals with the use of a specific drug. Naturally, not all of the findings contained in the later chapters can be encompassed here, so the reader having an interest in a particular drug is advised to read the relevant chapter, as well. However, this chapter should prove useful for getting an overview as well as for putting the findings concerning any one drug into perspective by comparing them with the findings for all of the others.

Further, the information presented here is not simply a compilation of selected statistics from other chapters. Additional drug-use variables have been included which summarize across the various illicit drugs. Because there is so much overlap in the user groups of the various illicit drugs, one cannot simply sum across them to get a total number of illicit users. Therefore, we have created an illicit drug use index which classifies respondents into one of three categories—(1) those who report using no illicit drugs during the time interval in question, (2) those who report using marijuana, but no other illicit drug during the time interval, and (3) those who report using any illicit drug other than marijuana during the time interval. People in the third category may or may not use marijuana in addition to the other illicit drug(s)—though most do. Also presented here are adjusted versions of this index in which we try to correct for overreporting of amphetamine use—an issue which will be discussed further below. These indexes can be used to classify respondents based on their behavior during any relevant time interval. In this chapter, we classify respondents based on their pattern of use in their lifetime and also on their pattern of use in the past twelve months and in the past 30 days.

Summarized below are the major findings from the study concerning the current prevalence of licit drug use as well as overall and specific types of illicit use, recent trends in prevalence, and important differences among subgroups in the population (based on sex, college plans, region of the country, and population density or urbanicity). Also summarized are the key findings regarding grade of first use of drugs, and the intensity and duration of the "highs" usually experienced with them.

PREVALENCE OF DRUG USE

This section summarizes the levels of drug use reported by the class of 1983. Data are included for lifetime use, use during the past year, use during the past month, and daily use. There is also a comparison of key subgroups in the population (based on sex, college plans, region of the country, and population density or urbanicity).

Because we think that the revised questions on amphetamine use, introduced in 1982, give a more accurate picture of the actual use of that controlled substance, all references to amphetamine prevalence rates in this section will be based on that revised version (including references to proportions using "any illicit drug" or "any illicit drug other than marijuana").

TABLE 1-1

Prevalence (Percent Ever Used) of Sixteen Types of Drugs: Observed Estimates and 95% Confidence Limits (1983)

(Approx. N = 16300)

	Lower limit	Observed estimate	Upper limit
Marijuana/Hashish	54.9	57.0	59.1
Inhalants[a]	12.6	13.6	14.7
Inhalants Adjusted[b]	*17.7*	*18.8*	*20.0*
Amyl & Butyl Nitrites[c]	7.1	8.4	9.9
Hallucinogens	10.8	11.9	13.1
Hallucinogens Adjusted[d]	*13.7*	*14.7*	*15.7*
LSD	7.9	8.9	10.0
PCP[c]	4.5	5.6	6.9
Cocaine	14.9	16.2	17.6
Heroin	0.9	1.2	1.5
Other opiates[e]	8.6	9.4	10.2
Stimulants Adjusted[e,f]	*25.5*	*26.9*	*28.4*
Sedatives[e]	13.2	14.4	15.7
Barbiturates[e]	8.9	9.9	11.0
Methaqualone[e]	9.1	10.1	11.3
Tranquilizers[e]	12.1	13.3	14.6
Alcohol	91.2	92.6	93.8
Cigarettes	69.1	70.6	72.0

---

[a] Data based on four forms. N is four-fifths of N indicated.

[b] Adjusted for underreporting of amyl and butyl nitrites. See text for details.

[c] Data based on a single questionnaire form. N is one-fifth of N indicated.

[d] Adjusted for underreporting of PCP. See text for details.

[e] Only drug use which was not under a doctor's orders is included here.

[f] Adjusted for overreporting of non-prescription stimulants. Data based on three questionnaire forms. N is three-fifths of N indicated.

Prevalence of Drug Use in 1983: All Seniors

Lifetime, Monthly, and Annual Prevalence	Table(s)
• Nearly two-thirds of all seniors (63%) report illicit drug use (adjusted for overreporting of amphetamines) at some time in their lives. However, a substantial proportion of them have used only marijuana (23% of the sample or 37% of all illicit users).	10c
• Four in every ten seniors (40%) report using an illicit drug other than marijuana (adjusted) at some time.*	10c
• Figure A gives a ranking of the various drug classes on the basis of their lifetime prevalence figures.	Fig A
• Marijuana is by far the most widely used illicit drug with 57% reporting some use in their lifetime, 42% reporting some use in the past year, and 27% reporting some use in the past month.	2
• The most widely used class of other illicit drugs is stimulants (27% lifetime prevalence, adjusted).** Next come inhalants (adjusted) at 19% and cocaine at 16%. These are followed closely by hallucinogens (adjusted) at 15%, sedatives at 14%, and tranquilizers at 13%.***	2
• The inhalant estimates have been adjusted upward because we observed that not all users of one sub-class of inhalants—amyl and butyl nitrites (described below)—report themselves as inhalant users. Because we included questions specifically about nitrite use for the first time in one 1979 questionnaire form, we were able to discover this problem and make estimates of the degree to which inhalant use was being underreported in the overall estimates. As a result, all prevalence estimates for inhalants have been increased, with the proportional increase being greater for the more recent time intervals (i.e., last month, last year) because use of the other common inhalants, such as glue and aerosols, is more likely to have been discontinued prior to senior year.	

---

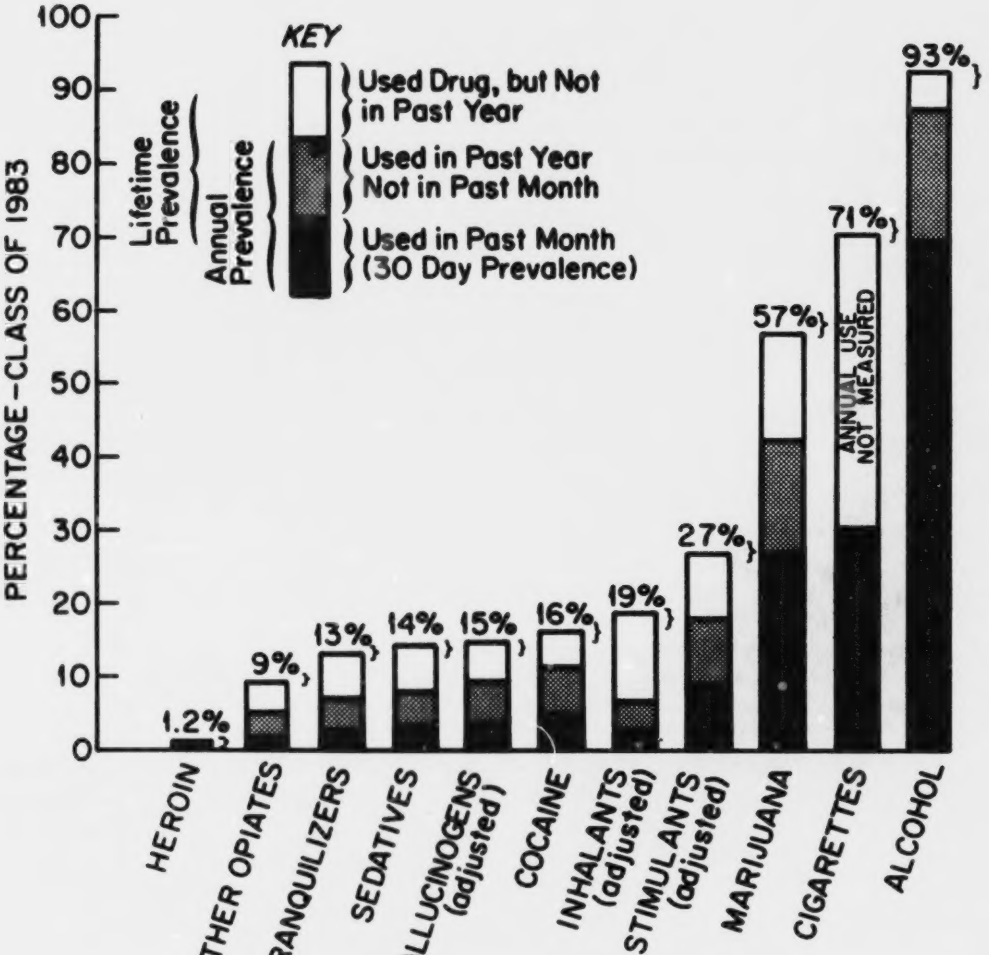
*Use of "other illicit drugs" includes any use of hallucinogens, cocaine, or heroin or any use of other opiates, stimulants, sedatives, or tranquilizers which is not under a doctor's orders.

**See caution at the end of the introductory section concerning the interpretation of stimulant statistics.

***Only use which was not medically supervised is included in the figures cited in this volume.

FIGURE A

Prevalence and Recency of Use
Eleven Types of Drugs, Class of 1983



NOTES: The bracket near the top of a bar indicates the lower and upper limits of the 95% confidence interval.

Table(s)

- The specific classes of inhalants known as amyl and butyl nitrites, which are sold legally and go by the street names of "poppers" or "snappers" and such brand names as Locker Room and Rush, have been tried by one in every twelve seniors (8%). 2

- We also discovered in 1979, by adding questions specifically about PCP use, that some users of PCP do not report themselves as users of hallucinogens—even though PCP is explicitly included as an example in the questions about hallucinogens. Thus, since 1979 the hallucinogen prevalence and trend estimates have been adjusted upward to correct for this known underreporting.*

- Lifetime prevalence for the specific hallucinogenic drug PCP now stands at nearly 6%, somewhat lower than that of the other most widely used hallucinogen, LSD (lifetime prevalence, 9%). 2

- Opiates other than heroin have been used by one in eleven seniors (9%). 2

- Only 1.2% of the sample admitted to ever using any heroin, the most infrequently used drug. But given the highly illicit nature of this drug, we deem it the most likely to be underreported. 2

- Within the general class "sedatives," the specific drug methaqualone has now been used by as many seniors (10% lifetime prevalence) as the other, much broader subclass of sedatives, barbiturates (also 10%). 2

- The illicit drug classes remain in roughly the same order whether ranked by lifetime, annual, or monthly prevalence, as the data in Figure A illustrate. The only important change in ranking occurs for inhalants, because use of certain of them, like glues and aerosols, tends to be discontinued at a relatively early age. Fig A

- The drug classes with the highest rates of discontinuation of use are the inhalants adjusted (64% of previous users had not used in the past twelve months), the nitrite inhalants specifically (57% of users), the hallucinogen PCP (54%), and heroin (at 50%). Other opiates, barbiturates, methaqualone, and tranquilizers all have discontinuation rates between 45% and 48%. Alcohol had the lowest rate of discontinuation, at 6%. 2 Fig A

---

*Because the data to adjust inhalant and hallucinogen use are available from only a single questionnaire form in a given year, the original uncorrected variables will be used in most relational analyses. We believe relational analyses will be least affected by these underestimates, and that the most serious impact is on prevalence estimates, which are adjusted appropriately.

TABLE 1-2

Prevalence (Percent Ever Used) and Recency of Use of Sixteen Types of Drugs (1983)

(Approx. N = 16300)

	Ever used	Past month	Past year, not past month	Not past year	Never used
Marijuana/Hashish	57.0	27.0	15.3	14.7	43.0
Inhalants[a]	13.6	1.7	2.6	9.3	86.4
Inhalants Adjusted[b]	*18.8*	*2.7*	*4.0*	*12.1*	*81.2*
Amyl & Butyl Nitrites[c]	8.4	1.4	2.2	4.8	91.6
Hallucinogens	11.9	2.8	4.5	4.6	88.1
Hallucinogens Adjusted[d]	*14.7*	*3.8*	*5.5*	*5.4*	*85.3*
LSD	8.9	1.9	3.5	3.5	91.1
PCP[c]	5.6	1.3	1.3	3.0	94.4
Cocaine	16.2	4.9	6.5	4.8	83.8
Heroin	1.2	0.2	0.4	0.6	98.8
Other opiates[e]	9.4	1.8	3.3	4.3	90.6
Stimulants Adjusted[e,f]	*26.9*	*8.9*	*9.0*	*9.0*	*73.1*
Sedatives[e]	14.4	3.0	4.9	6.5	85.6
Barbiturates[e]	9.9	2.1	3.1	4.7	90.1
Methaqualone[e]	10.1	1.8	3.6	4.7	89.9
Tranquilizers[e]	13.3	2.5	4.4	6.4	86.7
Alcohol	92.6	69.4	17.9	5.3	7.4
Cigarettes	70.6	30.3	(40.3)[g]		29.4

---

[a] Data based on four questionnaire forms. N is four-fifths of N indicated.

[b] Adjusted for underreporting of amyl and butyl nitrites (see text).

[c] Data based on a single questionnaire form. N is one-fifth of N indicated.

[d] Adjusted for underreporting of PCP (see text).

[e] Only drug use which was not under a doctor's orders is included here.

[f] Adjusted for overreporting of non-prescription stimulants. Data based on three questionnaire forms. N is three-fifths of N indicated.

[g] The combined total for the two columns is shown because the question asked did not discriminate between the two answer categories.

Table(s)

- Use of either of the two major licit drugs, alcohol and cigarettes, remains more widespread than use of any of the illicit drugs. Nearly all students have tried alcohol (93%) and the great majority (69%) have used it in the past month. 2

- Some 71% report having tried cigarettes at some time, and 30% smoked at least some in the past month. 2

Daily Prevalence

- Frequent use of these drugs is of greatest concern from a health and safety standpoint. Table 9 and Figure B show the prevalence of daily or near-daily use of the various classes of drugs. For all drugs, except cigarettes, respondents are considered daily users if they indicate that they had used the drug on twenty or more occasions in the preceding 30 days. For cigarettes, they explicitly state use of one or more cigarettes per day. 9 Fig B

- The displays show that cigarettes are used daily by more of the respondents (21%) than any of the other drug classes. In fact, 13.8% say they smoke half-a-pack or more per day. 9,12-4 Fig B

- Another important fact is that marijuana is still used on a daily or near-daily basis by a substantial fraction of the age group (5.5%), or about one in every eighteen seniors. This year exactly the same proportion (5.5%) drink alcohol that often. 9 Fig B

- Less than 1% of the respondents report daily use of any one of the illicit drugs other than marijuana. Still, 0.8% report unsupervised daily use of amphetamines. (See discussion at end of introductory section on stimulant statistics.) The next highest daily-use figures are for cocaine, inhalants (adjusted), sedatives, and hallucinogens (adjusted), all at 0.2%. While very low, these figures are not inconsequential, given that 1% of each high school class represents over 30,000 individuals. 9 Fig B

- Tranquilizers , heroin, and opiates other than heroin are used daily by only about 0.1%. 9 Fig B

- While daily alcohol use stands at 5.5% for this age group, a substantially greater proportion report occasional heavy drinking. In fact, 41% state that on at least one occasion during the prior two-week interval they had five or more drinks in a row. 9,11-18 Fig B

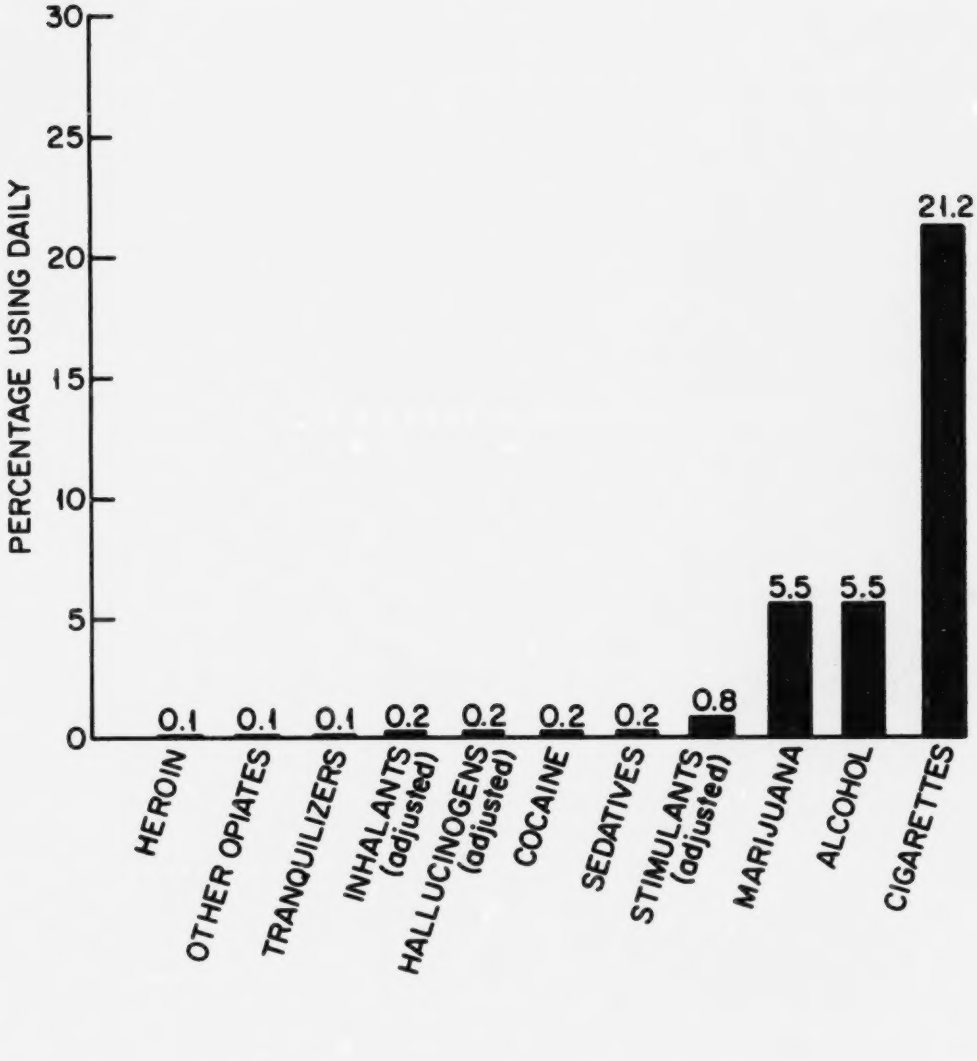
Prevalence Comparisons for Important Subgroups

Sex Differences

- In general, higher proportions of males than females are involved in drug use, especially heavy drug use; however, this picture is a complicated one (see Tables 3 through 5). 3,4,5

FIGURE B

Thirty-Day Prevalence of Daily Use
Eleven Types of Drugs, Class of 1983



	Table(s)
• Overall marijuana use is somewhat higher among males, and daily use of marijuana is more than twice as frequent among males (7.3% vs. 3.2% for females).	3,4,5,2-10 Fig E,F
• Males also have considerably higher prevalence rates on most other illicit drugs. The annual prevalence (Table 4) for inhalants, hallucinogens, heroin, and the specific drugs PCP, LSD and the nitrites tend to be one and one-half to two times as high among males as among females. Males also report somewhat higher annual rates of use than females for cocaine, methaqualone, barbiturates, and opiates other than heroin. Further, males account for an even greater share of the frequent or heavy users of these various classes of drugs (data shown in Table 5 of the respective drug chapters).	3,4,5 Fig E
• Tranquilizers are used by about equivalent proportions of both sexes.	3,4,5 Fig E
• Only in the case of stimulants do the annual prevalence rates (as well as frequent usage patterns) for females exceed those for males—and then only by trivial amounts. Annual prevalence for stimulants (adjusted) is 17.9% for females vs. 17.2% for males. This reversal in sex differences is due to the fact that substantially more females than males use stimulants for purposes of weight loss—an instrumental, as opposed to recreational, use of the drug.	4,5 Fig E
• Despite the fact that all but two of the individual classes of illicit drugs are used more by males than by females, the proportions of both sexes who report using some illicit drug other than marijuana (adjusted for overreporting of amphetamines) during the last year are not substantially different (29% for males vs. 27% for females; see Figure D). Even if amphetamine use is excluded from the comparisons altogether, fairly comparable proportions of both sexes (23% for males vs. 19% for females) report using some illicit drug other than marijuana during the year. If one thinks of going beyond marijuana as an important threshold point in the sequence of illicit drug use, then nearly equal proportions of both sexes were willing to cross that threshold at least once during the year. However, on the average the female "users" take fewer types of drugs and use them with less frequency than their male counterparts.	12b,12c Fig D
• Frequent use of alcohol tends to be disproportionately concentrated among males. Daily use, for example, is reported by 7.7% of the males but by only 2.8% of the females. Also, males are more likely than females to drink large quantities of alcohol in a single sitting.	5,11-10, 11-17 Fig F
• Finally, for cigarettes, there is only a slight sex difference in the prevalence of smoking a half-a-pack or more daily: 13.6% of the females smoke this heavily versus 13.1% of the males. There is a larger difference in proportions reporting any use during the past month: 32% of the females versus 28% of the males.	5,12-4 Fig F

Differences Related to College Plans

	Table(s)
• Overall, seniors who are expecting to complete four years of college (referred to here as the "college-bound") have lower rates of illicit drug use than those not expecting to do so (see Tables 3 through 5).	3,4,5 Fig G
• Annual marijuana use is reported by 38% of the college-bound vs. 46% of the noncollege-bound.	4
• There is a substantial difference in the proportion of these two groups using any illicit drug(s) other than marijuana (adjusted). In 1983, 25% of the college-bound reported any such behavior in the prior year vs. 32% of the noncollege-bound. (If amphetamine use is excluded from these "other illicit drugs," the figures are 18% vs. 24%, respectively.)	12b,12c Fig G
• For most of the specific illicit drugs other than marijuana, annual prevalence is higher—sometimes substantially higher—among the noncollege-bound, as Table 4 illustrates. In fact, for many drugs current (30 day) prevalence is from two to four times higher among the noncollege-bound than among the college-bound. In general, this ratio is highest for heroin and lowest for cocaine.	3,4,5
• Frequent use of many of these illicit drugs shows even larger contrasts related to college plans. Daily marijuana use, for example, is more than twice as high among those not planning four years of college (7.3%) as among the college-bound (3.4%).	2-10
• Frequent alcohol use is also more prevalent among the noncollege-bound. For example, drinking on a daily basis is reported by 6.7% of the noncollege-bound vs. only 4.0% of the college-bound. On the other hand, there are practically no differences between these groups in lifetime, annual, or monthly prevalence.	3,4,5 11-10
• By far the largest difference in substance use between the college and noncollege-bound involves cigarette smoking. There is a dramatic difference here, with only 8% of the college-bound smoking a half-a-pack or more daily compared with 21% of the noncollege-bound.	3,4,5

Regional Differences

• There are now some fair-sized regional differences in rates of illicit drug use among high school seniors. The highest (adjusted) rate is in the Northeast, where 54% say they have used a drug illicitly in the past year, followed by the West with 51% and the North Central with 47%. The South is lowest, with only 41% having used any illicit drug (see Figure H).	11c,12c Fig H

TABLE 1-3

Lifetime Prevalence of Use of Sixteen Types of Drugs by Subgroups, Class of 1983

	Marijuana	Inhalants[a]	Amyl/Butyl Nitrites	Hallucinogens[a]	LSD	PCP	Cocaine	Heroin	Other Opiates	Stimulants[b] (adjusted)	Sedatives	Barbiturates	Methaqualone	Tranquilizers	Alcohol	Cigarettes
All seniors	57.0	13.6	8.4	11.9	8.9	5.6	16.2	1.2	9.4	26.9	14.4	9.9	10.1	13.3	92.6	70.6
Sex:																
Male	59.9	16.6	11.9	13.4	10.4	6.9	18.6	1.5	10.7	26.0	15.6	10.7	11.6	13.7	93.5	69.0
Female	53.4	10.4	5.2	9.9	6.9	4.2	13.4	0.8	8.1	27.3	12.9	8.8	8.5	12.7	91.6	71.6
College Plans:																
None or under 4 yrs	61.2	14.9	10.5	14.4	11.0	8.8	18.3	1.7	11.2	31.7	18.0	12.9	12.8	15.3	93.3	76.0
Complete 4 yrs	52.2	12.3	7.2	9.0	6.5	3.5	13.6	0.8	8.0	21.8	11.3	7.4	7.7	11.3	92.0	65.8
Region:																
Northeast	63.7	13.0	8.4	14.0	8.7	6.0	20.5	1.1	9.0	26.9	12.4	8.4	8.7	12.3	95.4	72.9
North Central	57.0	14.4	8.6	15.1	11.7	6.2	12.5	1.3	10.0	29.8	15.9	11.9	10.8	13.4	94.8	74.3
South	50.8	12.4	9.0	7.8	6.7	4.3	12.0	1.4	8.5	23.4	15.9	9.9	11.8	13.9	90.5	69.2
West	59.2	15.3	6.9	11.2	8.4	6.1	25.1	0.9	10.8	28.4	11.9	8.7	7.3	13.2	88.4	63.6
Population Density:																
Large SMSA	62.3	13.8	9.4	15.1	9.7	8.3	22.6	1.2	11.2	26.9	14.5	10.0	10.6	12.9	94.0	71.0
Other SMSA	58.8	13.4	9.3	12.0	9.6	4.8	16.0	1.1	9.4	28.1	15.1	10.0	10.7	14.4	91.9	69.3
Non-SMSA	50.5	13.8	6.7	9.3	7.3	4.4	11.6	1.5	8.0	25.3	13.5	9.7	8.9	12.2	92.3	72.0

[a] Unadjusted for known underreporting of certain drugs. See page 17 & 19.

[b] Adjusted for overreporting of the non-prescription stimulants.

Table(s)

- There is also regional variation in terms of the percent using some illicit drug other than marijuana (adjusted) in the past year: 31% in the Northeast, 33% in the West, 29% in the North Central, and 24% in the South. (The West comes out very high due in part to its unusual level of cocaine use. In fact, the regional differences in cocaine use have been among the largest observed.) If amphetamine use is excluded from "the use of illicit drugs other than marijuana," the rankings change slightly: 27% in the West, 24% in the Northeast, 19% in the North Central, and 18% in the South. 12b,12c

- Specific illicit substances vary in the extent to which they show regional variation, as Table 4 illustrates for the annual prevalence measure. 4

  Marijuana use is highest in the Northeast (at 49%) and lowest in the South (36%). Hallucinogen use, including LSD, tends to be higher in the Northeast and North Central, and lower in the South and West. Cocaine shows considerable regional variation, with the South and North Central at 8% compared to 15% for the Northeast and 19% for the West. The South is slightly lower than the other three regions in the use of stimulants and opiates other than heroin. Sedative use is lowest in the West, and highest in the South and North Central. 4

  Inhalants, the nitrites specifically, PCP, heroin, and tranquilizers show little systematic variation among the regions. 4

- Alcohol use tends to be somewhat lower in the South and West than it is in the Northeast and North Central—in particular, the rate of daily drinking and "binge" drinking. 4,11-10, 11-18

- Again, one of the largest differences occurs for regular cigarette smoking. Smoking half-a-pack or more a day occurs most often in the North Central (17% of seniors) and the Northeast (17%), with the South (12%) somewhat lower, and the West distinctly lower (6%). This general pattern of regional differences has been replicated fairly consistently since 1975. 4

Differences Related to Population Density

- Three levels of population density (or urbanicity) have been distinguished for analytical purposes: (1) Large SMSA's, which are the twelve largest Standard Metropolitan Statistical Areas in the 1980 Census; (2) Other SMSA's, which are the remaining Standard Metropolitan Statistical Areas; and (3) Non-SMSA's, which are sampling areas not designated as metropolitan.

- Overall illicit drug use is highest in the largest metropolitan areas (52% annual prevalence, adjusted), slightly lower in the other metropolitan areas (50%), and lowest in the nonmetropolitan areas (41%). 11c,12c Fig I

TABLE 1-4

Annual Prevalence of Use of Sixteen Types of Drugs by Subgroups, Class of 1983

	Marijuana	Inhalants[a]	Amyl/Butyl Nitrites	Hallucinogens[a]	LSD	PCP	Cocaine	Heroin	Other Opiates	Stimulants[b] (adjusted)	Sedatives	Barbiturates	Methaqualone	Tranquilizers	Alcohol	Cigarettes[c]
All seniors	42.3	4.3	3.6	7.3	5.4	2.6	11.4	0.6	5.1	17.9	7.9	5.2	5.4	6.9	87.3	13.8
Sex:																
Male	45.7	5.8	4.9	8.6	6.7	3.2	13.2	0.7	6.0	17.2	8.8	5.9	6.3	7.0	88.9	13.1
Female	38.4	2.8	2.4	5.5	3.8	1.9	9.3	0.4	4.2	17.9	6.8	4.2	4.3	6.7	85.5	13.6
College Plans:																
None or under 4 yrs	46.0	4.7	4.3	8.9	6.9	4.4	12.2	0.9	6.1	20.9	10.0	6.7	6.9	8.0	87.5	20.9
Complete 4 yrs	38.3	3.9	3.3	5.4	3.8	1.4	9.9	0.3	4.3	14.5	5.9	3.8	3.9	5.8	86.8	7.6
Region:																
Northeast	49.3	5.0	4.1	8.7	5.6	3.2	15.2	0.6	5.6	17.9	7.2	4.7	4.8	6.8	91.6	16.6
North Central	42.0	4.5	3.0	8.9	7.0	2.6	8.0	0.4	5.3	20.4	9.0	6.1	6.0	6.8	90.2	17.1
South	36.1	3.8	4.3	5.2	4.4	1.9	7.7	0.7	4.4	15.4	8.6	5.2	6.4	7.4	83.5	12.4
West	44.8	4.3	3.0	6.3	4.2	3.1	19.2	0.5	5.2	18.2	5.5	4.0	3.1	6.2	82.9	6.4
Population Density:																
Large SMSA	47.0	4.8	4.0	9.2	5.7	4.1	16.9	0.6	6.0	18.1	8.0	5.2	5.5	7.0	88.5	14.1
Other SMSA	44.0	4.4	4.4	7.6	6.0	2.3	11.2	0.4	5.3	19.6	8.4	5.3	5.9	7.2	86.9	13.5
Non-SMSA	36.5	3.9	2.4	5.3	4.4	1.9	7.3	0.7	4.1	15.6	7.2	5.0	4.6	6.5	86.7	14.0

[a] Unadjusted for known underreporting of certain drugs. See page 17 & 19.

[b] Adjusted for overreporting of the non-prescription stimulants.

[c] Based on 30-day prevalence of a half-pack-a-day of cigarettes, or more. Annual prevalence is not available.

Table(s)

- The same ranking occurs for the use of *illicit drugs other than marijuana:* 32% annual prevalence (adjusted) in the largest cities, 30% in the other cities, and 24% in the nonmetropolitan areas. (With amphetamine use excluded, these numbers drop—to 26%, 22%, and 17%, respectively—but still remain in the same rank order.) 12b,12c

- For specific drugs, the largest absolute difference associated with urbanicity occurs for *marijuana*, which has an annual prevalence of 47% in the large cities but only 37% in the nonmetropolitan areas (Table 4). 4

- *Cocaine* shows an even greater proportional difference than does marijuana, since there is more than twice as much use in the large metropolitan areas (17%) compared to the nonmetropolitan areas (7%). The same is true for *PCP* (4.1% vs. 1.9%). 4

- There is some tendency for other types of drug use to be associated positively with urbanicity; however, the relationships are not strong nor always consistent from one year to another. 4

RECENT TRENDS

This section summarizes trends in drug use, comparing the nine graduating classes of 1975 through 1983. As in the previous section, the outcomes discussed include measures of lifetime use, use during the past year, use during the past month, and daily use. Also, trends are compared among the key subgroups.

Trends in Prevalence 1975-1983: All Seniors

- The years 1978 and 1979 marked the crest of a long and dramatic rise in *marijuana* use among American high school students. As Tables 6 through 9 illustrate, annual and 30-day prevalence of marijuana use hardly changed at all between 1978 and 1979, following a steady rise in the preceding years. In 1980 both statistics dropped for the first time, and they have continued to decline in the three years since. Both are now 9% to 10% below their all time highs. Lifetime prevalence, which had remained unchanged in 1980, finally began to drop in '81, though more gradually. Even today it is only 3% below its all time high. As we discuss later, there have been some significant changes in the attitudes and beliefs these young people hold in relation to marijuana; these changes suggest that the downward shift in marijuana use is likely to continue. 6,7,8,9

- Of greater importance is the even sharper downward trend now occurring for *daily marijuana use*. Between 1975 and 1978 there was an almost two-fold increase in daily use. The 9

TABLE 1-5

Thirty-Day Prevalence of Use of Sixteen Types of Drugs by Subgroups, Class of 1983

	Marijuana	Inhalants[a]	Amyl/Butyl Nitrites	Hallucinogens[a]	LSD	PCP	Cocaine	Heroin	Other Opiates	Stimulants[b] (adjusted)	Sedatives	Barbiturates	Methaqualone	Tranquilizers	Alcohol	Cigarettes
All seniors	27.0	1.7	1.4	2.8	1.9	1.3	4.9	0.2	1.8	8.9	3.0	2.1	1.8	2.5	69.4	30.3
Sex:																
Male	31.0	2.4	2.2	3.4	2.4	1.5	5.7	0.4	2.4	8.2	3.3	2.2	2.2	2.6	74.4	28.0
Female	22.2	0.9	0.5	2.0	1.2	0.9	4.1	0.1	1.3	9.1	2.6	1.8	1.3	2.4	64.3	31.6
College Plans:																
None or under 4 yrs	30.7	1.9	2.3	2.8	2.7	2.1	5.5	0.4	2.4	11.3	4.1	2.8	2.4	3.4	70.5	38.0
Complete 4 yrs	22.9	1.4	0.8	1.7	1.1	0.7	4.0	0.1	1.4	6.4	2.1	1.4	1.2	1.9	68.1	23.3
Region:																
Northeast	32.0	1.8	1.1	3.7	2.2	1.2	6.9	0.3	1.7	8.9	2.4	1.4	1.4	2.3	74.4	34.6
North Central	27.2	1.9	1.3	3.2	2.2	1.4	2.8	0.2	2.1	11.3	3.6	2.4	2.2	2.7	74.4	33.2
South	22.9	1.4	2.0	2.2	1.7	1.0	2.8	0.3	1.7	7.2	3.8	2.6	2.4	2.9	64.3	28.7
West	27.1	1.6	0.6	2.1	1.2	1.5	10.0	0.2	1.7	8.0	1.5	1.3	0.5	1.9	62.9	21.8
Population Density:																
Large SMSA	31.7	1.8	1.3	3.0	1.5	1.6	8.4	0.3	2.0	9.1	2.9	1.8	1.9	2.4	69.2	30.8
Other SMSA	28.1	1.6	2.4	3.2	2.2	1.5	4.3	0.2	1.9	9.8	3.2	2.3	2.0	2.6	69.8	29.1
Non-SMSA	21.8	1.6	0.2	2.1	1.7	0.7	3.0	0.2	1.6	7.6	2.9	2.0	1.6	2.5	69.0	31.5

[a] Unadjusted for known underreporting of certain drugs. See page 17 & 19.

[b] Adjusted for overreporting of the non-prescription stimulants.

proportion reporting daily use in the class of 1975 (6.0%) came as a surprise to many. That proportion then rose rapidly, so that by 1978 one in every nine high school seniors (10.7%) indicated that he or she used the drug on a daily or nearly daily basis (defined as use on 20 or more occasions in the last 30 days). In 1979 we reported that this rapid and troublesome increase had come to a halt, with a 0.4% drop occurring that year. By 1983 the daily usage rate has dropped to 5.5%—about one in every eighteen seniors—actually below the level we first observed in 1975. As later sections of this report document, much of this reversal appears to be due to a continuing increase in concerns about possible adverse effects from regular use, and a growing perception that peers would disapprove of regular marijuana use.

- Until 1978, the proportion of seniors involved in any illicit drug use had increased steadily, primarily because of the increase in marijuana use. About 54% of the classes of 1978 and 1979 reported having tried at least one illicit drug during the last year, up from 45% in the class of 1975. Since 1979, however, the proportion reporting using any illicit drug during the prior year has dropped by 1 or 2% annually. This reversal in the proportion of students having any involvement with illicit drugs appears to be due primarily to the change in marijuana use. 10a Fig C

- As part one of Figure C illustrates, between 1976 and 1982 there had been a very gradual, steady increase in the proportion who have ever used some illicit drug other than marijuana. The proportion going beyond marijuana in their lifetime had risen from 35% to 45% between 1976 and 1982; in 1983 it dropped back to 44%. The annual prevalence of such behaviors, which had risen from 25% to 34% in 1981, leveled in 1982 and then dropped back slightly in 1983 to 33%. But the current (or 30 day) prevalence figures have shown a drop during the last two years—from a high of 22% in 1981 down to 18% in 1983. 10a Fig C

- Most of the earlier rise in other illicit drug use appeared to be due to the increasing popularity of cocaine with this age group between 1976 and 1979, and then due to the increasing use of stimulants between 1979 and 1982. However, as stated earlier, we believe that this upward shift had been exaggerated because some respondents included instances of using over-the-counter substances in their reports of amphetamine use. (See discussion at the end of the introductory section.) A rather different picture of what trends have been occurring in the proportions using illicit drugs other than marijuana emerges when self-reported amphetamine use is excluded from the calculations altogether. (This obviously understates the percent using illicits other than marijuana in any given year, but it might yield a more accurate picture of trends in proportions.) Figure C (and other figures to follow) have been Fig C

TABLE 1-6

Trends in Lifetime Prevalence of Sixteen Types of Drugs

	Percent ever used									
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	'82-'83 change
Approx. N =	(9400)	(15400)	(17100)	(17800)	(15500)	(15900)	(17500)	(17700)	(16300)	
Marijuana/Hashish	47.3	52.8	56.4	59.2	60.4	60.3	59.5	58.7	57.0	-1.7
Inhalants[a]	NA	10.3	11.1	12.0	12.7	11.9	12.3	12.8	13.6	+0.8
Inhalants Adjusted[b]	NA	NA	NA	NA	*18.7*	*17.8*	*17.4*	*18.0*	*18.8*	*+0.8*
Amyl & Butyl Nitrites[c]	NA	NA	NA	NA	11.1	11.1	10.1	9.8	8.4	-1.4
Hallucinogens	16.3	15.1	13.9	14.3	14.1	13.3	13.3	12.5	11.9	-0.6
Hallucinogens Adjusted[d]	NA	NA	NA	NA	*18.6*	*15.7*	*15.7*	*15.0*	*14.7*	*-0.3*
LSD[c]	11.3	11.0	9.8	9.7	9.5	9.3	9.8	9.6	8.9	-0.7
PCP[c]	NA	NA	NA	NA	12.8	9.6	7.8	6.0	5.6	-0.4
Cocaine	9.0	9.7	10.8	12.9	15.4	15.7	16.5	16.0	16.2	+0.2
Heroin	2.2	1.8	1.8	1.6	1.1	1.1	1.1	1.2	1.2	0.0
Other opiates[e]	9.0	9.6	10.3	9.9	10.1	9.8	10.1	9.6	9.4	-0.2
Stimulants[e]	22.3	22.6	23.0	22.9	24.2	26.4	32.2	35.6	35.4	-0.2
Stimulants Adjusted[e,f]	NA	NA	NA	NA	NA	NA	NA	*27.9*	*26.9*	-1.0
Sedatives[e]	18.2	17.7	17.4	16.0	14.6	14.9	16.0	15.2	14.4	-0.8
Barbiturates[e]	16.9	16.2	15.6	13.7	11.8	11.0	11.3	10.3	9.9	-0.4
Methaqualone[e]	8.1	7.8	8.5	7.9	8.3	9.5	10.6	10.7	10.1	-0.6
Tranquilizers[e]	17.0	16.8	18.0	17.0	16.3	15.2	14.7	14.0	13.3	-0.7
Alcohol	90.4	91.9	92.5	93.1	93.0	93.2	92.6	92.8	92.6	-0.2
Cigarettes	73.6	75.4	75.7	75.3	74.0	71.0	71.0	70.1	70.6	+0.5

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

NA indicates data not available.

[a] Data based on four questionnaire forms. N is four-fifths of N indicated.

[b] Adjusted for underreporting of amyl and butyl nitrites (see text).

[c] Data based on a single questionnaire form. N is one-fifth of N indicated.

[d] Adjusted for underreporting of PCP (see text).

[e] Only drug use which was not under a doctor's orders is included here.

[f] Adjusted for overreporting of the non-prescription stimulants. Data based on three questionnaire forms. N is three-fifths of N indicated.

BEST COPY AVAILABLE

TABLE 1-7

Trends in Annual Prevalence of Sixteen Types of Drugs

	Percent who used in last twelve months									
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	'82-'83 change
Approx. N =	(9400)	(15400)	(17100)	(17800)	(15500)	(15900)	(17500)	(17700)	(16300)	
Marijuana/Hashish	40.0	44.5	47.6	50.2	50.8	48.8	46.1	44.3	42.3	-2.0
Inhalants[a]	NA	3.0	3.7	4.1	5.4	4.6	4.1	4.5	4.3	-0.2
Inhalants Adjusted[b]	NA	NA	NA	NA	*9.2*	*7.8*	*6.0*	*6.6*	*6.7*	*+0.1*
Amyl & Butyl Nitrites[c]	NA	NA	NA	NA	6.5	5.7	3.7	3.6	3.6	0.0
Hallucinogens	11.2	9.4	8.8	9.6	9.9	9.3	9.0	8.1	7.3	-0.8
Hallucinogens Adjusted[d]	NA	NA	NA	NA	*12.8*	*10.6*	*10.1*	*9.3*	*9.3*	*0.0*
LSD	7.2	6.4	5.5	6.3	6.6	6.5	6.5	6.1	5.4	-0.7
PCP[c]	NA	NA	NA	NA	7.0	4.4	3.2	2.2	2.6	+0.4
Cocaine	5.6	6.0	7.2	9.0	12.0	12.3	12.4	11.5	11.4	-0.1
Heroin	1.0	0.8	0.8	0.8	0.5	0.5	0.5	0.6	0.6	0.0
Other opiates[e]	5.7	5.7	6.4	6.0	6.2	6.3	5.9	5.3	5.1	-0.2
Stimulants[e]	16.2	15.8	16.3	17.1	18.3	20.8	26.0	26.1	24.6	-1.5
Stimulants Adjusted[e,f]	NA	NA	NA	NA	NA	NA	NA	*20.3*	*17.9*	-2.4ss
Sedatives[e]	11.7	10.7	10.8	9.9	9.9	10.3	10.5	9.1	7.9	-1.2s
Barbiturates[e]	10.7	9.6	9.3	8.1	7.5	6.8	6.6	5.5	5.2	-0.3
Methaqualone[e]	5.1	4.7	5.2	4.9	5.9	7.2	7.6	6.8	5.4	-1.4ss
Tranquilizers[e]	10.6	10.3	10.8	9.9	9.6	8.7	8.0	7.0	6.9	-0.1
Alcohol	84.8	85.7	87.0	87.7	88.1	87.9	87.0	86.8	87.3	+0.5
Cigarettes	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

NA indicates data not available.

[a] Data based on four questionnaire forms. N is four-fifths of N indicated.

[b] Adjusted for underreporting of amyl and butyl nitrites (see text).

[c] Data based on a single questionnaire form. N is one-fifth of N indicated.

[d] Adjusted for underreporting of PCP (see text).

[e] Only drug use which was not under a doctor's orders is included here.

[f] Adjusted for overreporting of the non-prescription stimulants. Data based on three questionnaire forms. N is three-fifths of N indicated.

BEST COPY AVAILABLE

TABLE 1-8

Trends in Thirty-Day Prevalence of Sixteen Types of Drugs

	Percent who used in last thirty days									
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	'82-'83 change
Approx. N =	(9400)	(15400)	(17100)	(17800)	(15500)	(15900)	(17500)	(17700)	(16300)	
Marijuana/Hashish	27.1	32.2	35.4	37.1	36.5	33.7	31.6	28.5	27.0	-1.5
Inhalants[a]	NA	0.9	1.3	1.5	1.7	1.4	1.5	1.5	1.7	+0.2
Inhalants Adjusted[b]	NA	NA	NA	NA	*3.1*	*2.7*	*2.3*	*2.5*	*2.7*	*+0.2*
Amyl & Butyl Nitrites[c]	NA	NA	NA	NA	2.4	1.8	1.4	1.1	1.4	+0.3
Hallucinogens	4.7	3.4	4.1	3.9	4.0	3.7	3.7	3.4	2.8	-0.6s
Hallucinogens Adjusted[d]	NA	NA	NA	NA	*5.5*	*4.4*	*4.4*	*4.3*	*3.8*	*-0.5*
LSD	2.3	1.9	2.1	2.1	2.4	2.3	2.5	2.4	1.9	-0.5s
PCP[c]	NA	NA	NA	NA	2.4	1.4	1.4	1.0	1.3	+0.3
Cocaine	1.9	2.0	2.9	3.9	5.7	5.2	5.8	5.0	4.9	-0.1
Heroin	0.4	0.2	0.3	0.3	0.2	0.2	0.2	0.2	0.2	0.0
Other opiates[e]	2.1	2.0	2.8	2.1	2.4	2.4	2.1	1.8	1.8	0.0
Stimulants[e]	8.5	7.7	8.8	8.7	9.9	12.1	15.8	13.7	12.4	-1.3s
Stimulants Adjusted[e,f]	NA	NA	NA	NA	NA	NA	NA	*10.7*	*8.9*	*-1.8ss*
Sedatives[e]	5.4	4.5	5.1	4.2	4.4	4.8	4.6	3.4	3.0	-0.4
Barbiturates[e]	4.7	3.9	4.3	3.2	3.2	2.9	2.6	2.0	2.1	+0.1
Methaqualone[e]	2.1	1.6	2.3	1.9	2.3	3.3	3.1	2.4	1.8	-0.6s
Tranquilizers[e]	4.1	4.0	4.6	3.4	3.7	3.1	2.7	2.4	2.5	+0.1
Alcohol	68.2	68.3	71.2	72.1	71.8	72.0	70.7	69.7	69.4	-0.3
Cigarettes	36.7	38.8	38.4	36.7	34.4	30.5	29.4	30.0	30.3	+0.3

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

NA indicates data not available.

[a] Data based on four questionnaire forms. N is four-fifths of N indicated.

[b] Adjusted for underreporting of amyl and butyl nitrites (see text).

[c] Data based on a single questionnaire form. N is one-fifth of N indicated.

[d] Adjusted for underreporting of PCP (see text).

[e] Only drug use which was not under a doctor's orders is included here.

[f] Adjusted for overreporting of the non-prescription stimulants. Data based on three questionnaire forms. N is three-fifths of N indicated.

BEST COPY AVAILABLE

TABLE 1-9

Trends in Thirty-Day Prevalence of Daily Use of Sixteen Types of Drugs

	Percent who used daily in last thirty days									
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	'82-'83 change
Approx. N =	(9400)	(15400)	(17100)	(17800)	(15500)	(15900)	(17500)	(17700)	(16300)	
Marijuana/Hashish	6.0	8.2	9.1	10.7	10.3	9.1	7.0	6.3	5.5	-0.8s
Inhalants[a]	NA	0.0	0.0	0.1	0.0	0.1	0.1	0.1	0.1	0.0
Inhalants Adjusted[b]	NA	NA	NA	NA	*0.1*	*0.2*	*0.2*	*0.2*	*0.2*	*0.0*
Amyl & Butyl Nitrites[c]	NA	NA	NA	NA	0.0	0.1	0.1	0.0	0.2	+0.2s
Hallucinogens	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.0
Hallucinogens Adjusted[d]	NA	NA	NA	NA	*0.2*	*0.2*	*0.1*	*0.2*	*0.2*	*0.0*
LSD	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.1	+0.1
PCP[c]	NA	NA	NA	NA	0.1	0.1	0.1	0.1	0.1	0.0
Cocaine	0.1	0.1	0.1	0.1	0.2	0.2	0.3	0.2	0.2	0.0
Heroin	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0
Other opiates[e]	0.1	0.1	0.2	0.1	0.0	0.1	0.1	0.1	0.1	0.0
Stimulants[e]	0.5	0.4	0.5	0.5	0.6	0.7	1.2	1.1	1.1	0.0
Stimulants Adjusted[e,f]	NA	NA	NA	NA	NA	NA	NA	*0.7*	*0.8*	*+0.1*
Sedatives[e]	0.3	0.2	0.2	0.2	0.1	0.2	0.2	0.2	0.2	0.0
Barbiturates[e]	0.1	0.1	0.2	0.1	0.0	0.1	0.1	0.1	0.1	0.0
Methaqualone[e]	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.1	0.0	-0.1
Tranquilizers[e]	0.1	0.2	0.3	0.1	0.1	0.1	0.1	0.1	0.1	0.0
Alcohol	5.7	5.6	6.1	5.7	6.9	6.0	6.0	5.7	5.5	-0.2
Cigarettes	26.9	28.8	28.8	27.5	25.4	21.3	20.3	21.1	21.2	+0.1

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

NA indicates data not available.

[a] Data based on four questionnaire forms. N is four-fifths of N indicated.

[b] Adjusted for underreporting of amyl and butyl nitrites (see text).

[c] Data based on a single questionnaire form. N is one-fifth of N indicated.

[d] Adjusted for underreporting of PCP (see text).

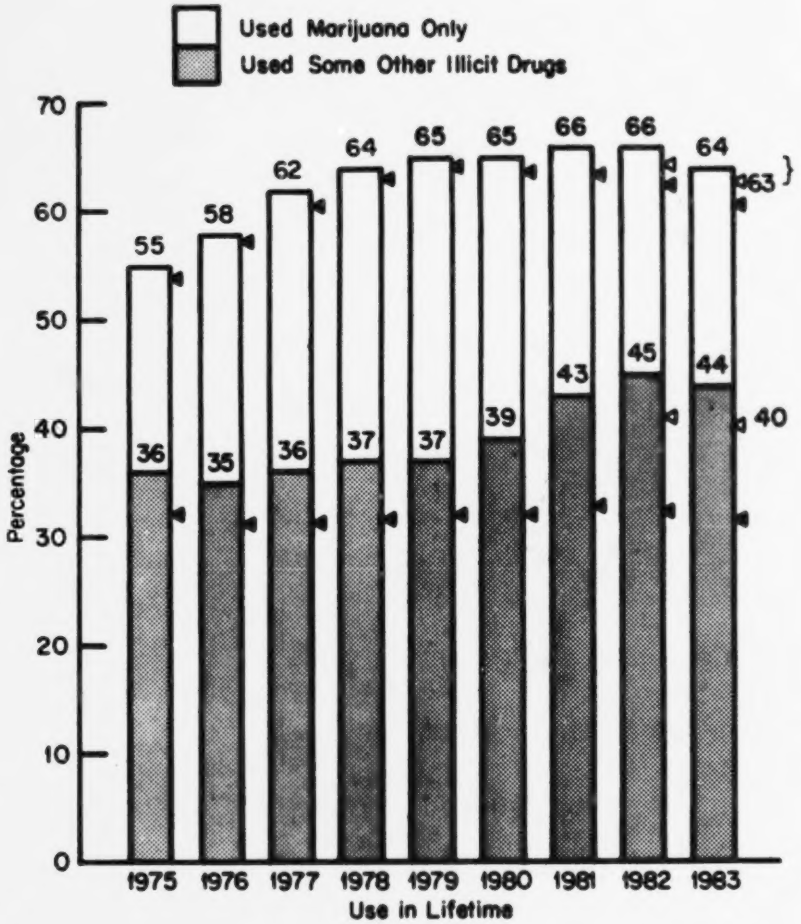
[e] Only drug use which was not under a doctor's orders is included here.

[f] Adjusted for overreporting of the non-prescription stimulants. Data based on three questionnaire forms. N is three-fifths of N indicated.

BEST COPY AVAILABLE

FIGURE C

Trends in Lifetime Prevalence of an Illicit Drug Use Index
All Seniors



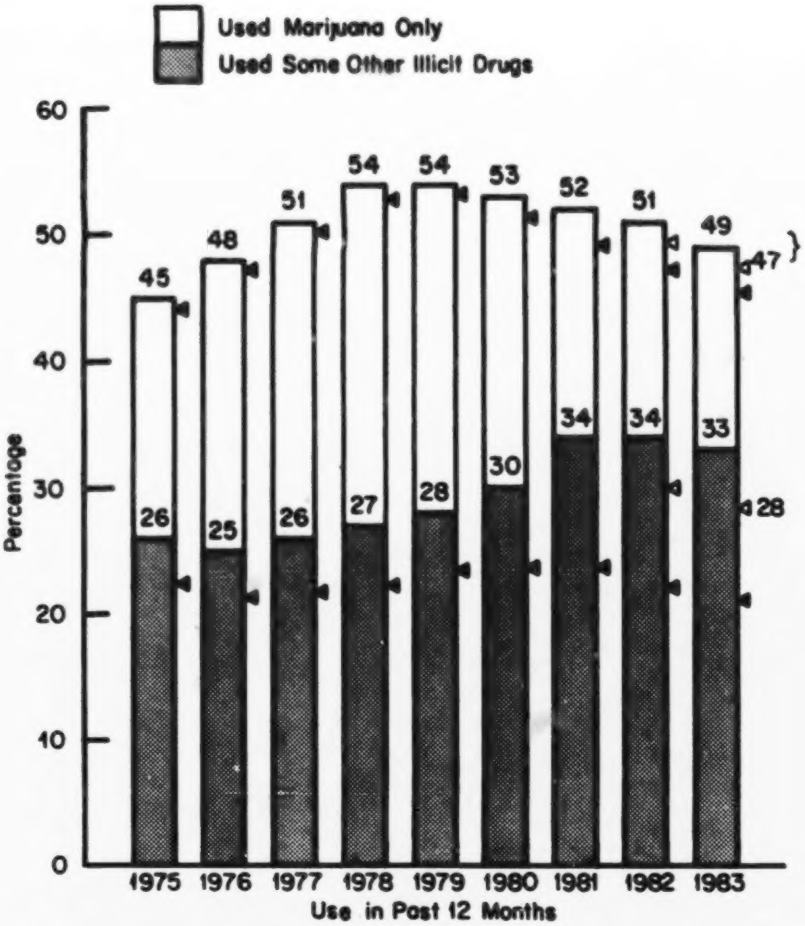
NOTES: Use of "some other illicit drugs" includes any use of hallucinogens, cocaine, and heroin, or any use which is not under a doctor's orders of other opiates, stimulants, sedatives, or tranquilizers.

◄ indicates the percentage which results if all stimulants are excluded from the definition of "illicit drugs." ◅ shows the percentage which results if only non-prescription stimulants are excluded.

The bracket near the top of a bar indicates the lower and upper limits of the 95% confidence interval.

FIGURE C, Cont.

Trends in Annual Prevalence of an Illicit Drug Use Index
All Seniors



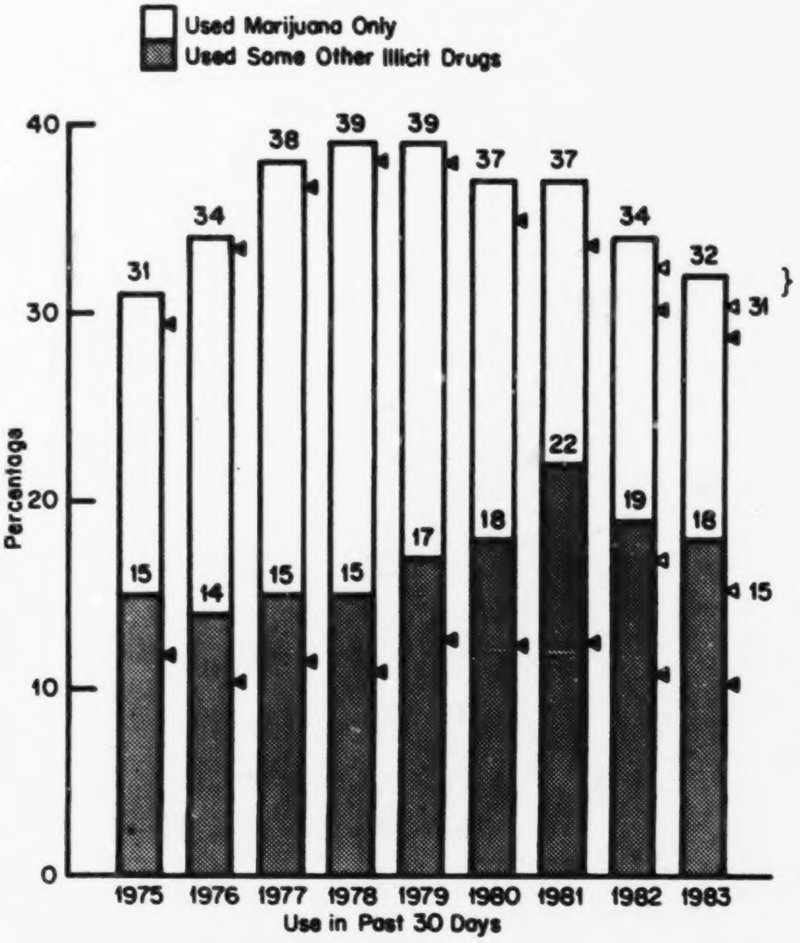
NOTES: Use of "some other illicit drugs" includes any use of hallucinogens, cocaine, and heroin, or any use which is not under a doctor's orders of other opiates, stimulants, sedatives, or tranquilizers.

◂ indicates the percentage which results if all stimulants are excluded from the definition of "illicit drugs." ◃ shows the percentage which results if only non-prescription stimulants are excluded.

The bracket near the top of a bar indicates the lower and upper limits of the 95% confidence interval.

FIGURE C, Cont.

Trends in 30-Day Prevalence of an Illicit Drug Use Index
All Seniors



NOTES: Use of "some other illicit drugs" includes any use of hallucinogens, cocaine, and heroin, or any use which is not under a doctor's orders of other opiates, stimulants, sedatives, or tranquilizers.

◄ indicates the percentage which results if all stimulants are excluded from the definition of "illicit drugs." ◁ shows the percentage which results if only non-prescription stimulants are excluded.

The bracket near the top of a bar indicates the lower and upper limits of the 95% confidence interval.

TABLE 1-10a

Trends in Lifetime and Annual Prevalence of Illicit Drug Use: Use of Marijuana Only and Use of any Other Illicit Drug[a]

	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	'82-'83 change
Percent reporting use in lifetime										
Marijuana Only	19.0	22.9	25.8	27.6	27.7	26.7	22.8	20.8	19.7	-1.1
Any Illicit Drug Other Than Marijuana[a]	36.2	35.4	35.8	36.5	37.4	38.7	42.8	45.0	44.4	-0.6
Total: Any Illicit Drug Use	55.2	58.3	61.6	64.1	65.1	65.4	65.6	65.8	64.1	-1.7
Approx. N =	(9400)	(15500)	(17200)	(17800)	(15500)	(15900)	(17500)	(17700)	(16300)	
Percent reporting use in the last twelve months										
Marijuana Only	18.8	22.7	25.1	26.7	26.0	22.7	18.1	17.0	16.6	-0.4
Any Illicit Drug Other Than Marijuana[a]	26.2	25.4	26.0	27.1	28.2	30.4	34.0	33.8	32.5	-1.3
Total: Any Illicit Drug Use	45.0	48.1	51.1	53.8	54.2	53.1	52.1	50.8	49.1	-1.7
Approx. N =	(9400)	(15500)	(17200)	(17800)	(15500)	(15900)	(17500)	(17700)	(16300)	
Percent reporting use in last 30 days										
Marijuana Only	15.3	20.3	22.4	23.8	22.2	18.8	15.2	14.3	14.0	-0.3
Any Illicit Drug Other Than Marijuana[a]	15.4	13.9	15.2	15.1	16.8	18.4	21.7	19.2	18.4	-0.8
Total: Any Illicit Drug Use	30.7	34.2	37.6	38.9	38.9	37.2	36.9	33.5	32.4	-1.1
Approx. N =	(9400)	(15500)	(17200)	(17800)	(15500)	(15900)	(17500)	(17700)	(16300)	

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

See Appendix D for definition of variables in table.

---

[a] Use of "other illicit drugs" includes any use of hallucinogens, cocaine, and heroin, or any use of other opiates, stimulants, sedatives, or tranquilizers not under a doctor's orders.

TABLE 1-10b

Trends in Lifetime and Annual Prevalence of Illicit Drug Use, Amphetamines Excepted: Use of Marijuana Only and Use of any Other Illicit Drug[a]

	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	'82-'83 change
	Percent reporting use in lifetime									
Marijuana Only	21.8	26.2	29.4	31.5	32.1	31.7	30.5	30.1	29.3	-0.8
Any Illicit Drug Other Than Marijuana[a]	32.1	31.1	31.3	31.6	32.0	32.1	32.9	32.4	31.5	-0.9
Total: Any Illicit Drug Use	53.9	57.3	60.7	63.1	64.1	63.8	63.4	62.5	60.8	-1.7
Approx. N =	(9400)	(15500)	(17200)	(17800)	(15500)	(15900)	(17500)	(17700)	(16300)	
	Percent reporting use in the last twelve months									
Marijuana Only	21.7	25.9	28.5	30.5	29.8	27.5	25.3	25.0	24.3	-0.7
Any Illicit Drug Other Than Marijuana[a]	22.4	21.3	21.8	22.3	23.5	23.8	23.8	22.2	21.1	-1.1
Total: Any Illicit Drug Use	44.1	47.2	50.3	52.8	53.3	51.3	49.1	47.2	45.4	-1.8
Approx. N =	(9400)	(15500)	(17200)	(17800)	(15500)	(15900)	(17500)	(17700)	(16300)	
	Percent reporting use in last 30 days									
Marijuana Only	17.6	23.0	25.2	27.1	25.3	22.6	21.1	19.3	18.4	-0.9
Any Illicit Drug Other Than Marijuana[a]	11.8	10.4	11.5	11.0	12.7	12.4	12.5	10.9	10.4	-0.5
Total: Any Illicit DRug Use	29.4	33.4	36.7	38.1	38.0	35.0	33.6	30.2	28.8	-1.4
Approx. N =	(9400)	(15500)	(17200)	(17800)	(15500)	(15900)	(17500)	(17700)	(16300)	

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

See Appendix D for definition of variables in table.

[a] Use of "other illicit drugs" includes any use of hallucinogens, cocaine, and heroin, or any use of other opiates, sedatives, or tranquilizers not under a doctor's orders.

TABLE 1-10c

Trends in Lifetime and Annual Prevalence of Illicit Drug Use, Adjusted for Non-Prescription Stimulants: Use of Marijuana Only and Use of Any Other Illicit Drug[a]

	Percent reporting use in lifetime									
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	'82-'82 change
Marijuana Only								23.3	22.5	-0.8
Any Illicit Drug Other Than Marijuana[a]								41.1	40.4	-0.7
Total: Any Illicit Drug Use								64.4	62.9	-1.5
Approx. N =								(17700)	(16300)	
	Percent reporting use in the last twelve months									
Marijuana Only								19.3	29.0	-0.3
Any Illicit Drug Other Than Marijuana[a]								30.1	28.4	-1.7
Total: Any Illicit Drug Use								49.4	47.4	-2.0
Approx. N =								(17700)	(16300)	
	Percent reporting use in last 30 days									
Marijuana Only								15.5	15.1	-0.4
Any Illicit Drug Other Than Marijuana[a]								17.0	15.4	-1.6
Total: Any Illicit Drug Use								32.5	30.5	-2.0
Approx. N =								(17700)	(16300)	

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss - .001.

See Appendix D for definition of variables in table

[a] Use of "other illicit drugs" includes any use of hallucinogens, cocaine, and heroin, or any use of other opiates, sedatives, or tranquilizers not under a doctor's orders.

annotated with small markings (◄) next to each other's bar, showing where the shaded area would stop if amphetamines were excluded. The cross-time trend in these markings shows that the proportion going beyond marijuana during the prior year to illicits other than amphetamines was virtually constant between 1979 and 1981 at a peak level of 24% (which is only 1.4% above the 1975 level). The figure dropped to 22% in 1982 and to 21% in 1983. Thus with stimulants (including incorrectly reported ones) included, we see a leveling in the proportion of seniors going beyond marijuana use during the prior year. If all stimulant use is excluded from consideration, we actually see a modest decline in annual prevalence and an even more substantial decline in current prevalence.

- Although the overall proportion using illicit drugs other than marijuana has changed fairly gradually during recent years, more varied and turbulent changes have been occurring for specific drugs within the class. (See Tables 6, 7, and 8 for trends in lifetime, annual, and monthly prevalence figures for each class of drugs.) 6,7,8

- From 1976 to 1979 cocaine exhibited a dramatic and accelerating increase in popularity, with annual prevalence going from 6% in the class of 1976 to 12% in the class of 1979—a two-fold increase in just three years. Little further increase occurred in 1980 and 1981. Since 1981, however, there has been evidence of a slight decline in use (with annual prevalence dropping from 12.4% in 1981 to 11.4% in 1983). Other measures, dealing with friends' use and personal exposure to use, also show a decline. 7

- Like cocaine use, inhalant use had been rising steadily in the mid 1970's, though more slowly and from a lower overall level. Annual prevalence (in the unadjusted version) rose from 3.0% in 1976 and reached a peak of 5.4% in 1979. Then, between 1979 and 1981, there was an overall decline—in part due to a substantial drop in the use of the amyl and butyl nitrites, for which annual prevalence declined from 6.5% in 1979 to 3.7% in 1981. However, while nitrite use has not increased since 1981 total inhalant use has actually risen very slightly. 7

- Stimulant use, which had remained relatively unchanged between 1975 and 1978, began to show evidence of a gradual increase in use in 1979, with even greater increases to occur in 1980 and 1981. Between 1976 and 1981, reported annual prevalence rose by a full 10.2% (from 15.8% in 1976 to 26.0% in 1981); and daily use tripled, from 0.4% in 1976 to 1.2% in 1981. As stated earlier, we think these increases were exaggerated—perhaps sharply exaggerated—by respondents in the more recent surveys including non-amphetamine, over-the-counter diet pills (as well as look-alike and sound-alike pills) in their answers. In 1982, we added new versions of the 6,7,8,9 questions on amphetamine use, which were more explicit in instructing respondents not to include such non-prescription pills. (These were added to only three of the five forms of the questionnaire being used: the amphetamine questions were left unchanged in the other two forms.) As a result tables 6, 7, 8, and 9 give two estimates for amphetamines: one is based on the unchanged questions, which provides comparable data across time for longer-term trend estimates; the second (adjusted) estimate, based on the revised questions, provides our best estimate of prevalence of true amphetamine use.*

Last year we reported a mixed picture in the 1981 to 1982 changes, based on the unadjusted values: lifetime prevalence increased by 3.4%; annual prevalence was virtually unchanged; and monthly prevalence decreased significantly. Daily prevalence was also down slightly. We concluded that this pattern likely reflected a very recent decline in stimulant use, so recent that only daily or monthly figures picked up the change.

This year's statistics on both the unadjusted and adjusted versions bear out this interpretation. Declines in lifetime, annual, and monthly use are observed. For example, annual prevalence (adjusted) dropped significantly from 20.3% to 17.9%. This is an important reversal because stimulants comprised the only category of illicit drug use to be showing signs of vigorous growth in the 1980's. We can now say for certain that this high prevalence category of drug use is declining.

6,7,8
Fig E

- For sedatives the sustained, gradual decline between 1975 and 1979 halted in 1980 and 1981. For example, annual prevalence, which dropped steadily from 11.7% in 1975 to 9.9% in 1979, increased slightly to 10.5% in 1981. In 1982, though, the longer-term decline resumed again as annual prevalence fell to 9.1%, and this year use dropped even further to 7.9%. In sum, it has dropped by about one-third since the study began in 1975. But, the overall trend lines for sedatives mask differential trends occurring for the two components of the measure (see Figure E). Barbiturate use has declined rather steadily since 1975, and now stands at about half its 1975 level in terms of annual prevalence (i.e., at 5.2%). Methaqualone use, on the other hand, rose sharply from 1976 until 1981. (In fact, it was the only drug other than stimulants that was still rising in 1981.) In 1982, the use of methaqualone finally began to decline, which accounted for the overall sedative category resuming its decline. It

---

*We think the unadjusted estimates for the earliest years of the survey were probably little affected by the improper inclusion of nonprescription stimulants, since sales of the latter did not burgeon until after the 1979 data collection.

Table(s)

continued to decline in 1983, but annual prevalence is still at about the same level as first observed in 1975 (5.4% in 1983)—a level equivalent to the entire class of barbiturate sedatives (5.2%).

- 6,7,8 14-4,14-7 The lifetime and annual statistics for tranquilizers continued their steady decline this year—a decline which began in 1977. Annual prevalence has dropped from 11% in 1977 to 7% in 1983. However, while lifetime prevalence dropped by 0.7%, the drop in annual use was only 0.1% this year, and 30-day prevalence actually rose by 0.1%. (None of these 1983 changes is statistically significant.) It thus appears that this long and steady decline may be "bottoming out." However, it should be noted that questions on friends' use of tranquilizers, and on personal exposure to the use of tranquilizers by others, both continue to show significant declines in 1983. (These are discussed later in this report.)

- 6,7 Between 1975 and 1979 the prevalence of heroin use had been dropping rather steadily. Lifetime prevalence dropped from 2.2% in 1975 to 1.1% in 1979 and annual prevalence had also dropped by half, from 1.0% in 1975 to 0.5% in 1979. This decline halted in 1980 and the statistics have remained almost constant since then. (Annual prevalence stood at 0.6% in both 1982 and 1983.) But perhaps the fact of greatest significance is that overall use did not increase, considering the greater availability and purity of heroin reported to be entering the United States as a result of instability in opium producing countries in the Middle East.**

  There has been an important increase reported by the National Institute on Drug Abuse in the key measures of more serious involvement in heroin use—heroin-related medical emergencies and overdose deaths. We think the divergent results may in part be explained by (1) the greater dangers of overdose with increased, or more variable, purity; (2) higher recidivism among previous users due both to lower prices and the conditions associated with high unemployment; and (3) the relative insularity of an in-school, low-using population to these forces.

- 7 From 1975 to 1981 the use of opiates other than heroin remained fairly stable, with annual prevalence at or near 6%. In 1982 for the first time there was a statistically significant decline observed (from 5.9% to 5.3%); and in 1983 there was a small, but not statistically significant, continuation of the trend (with annual prevalence dropping to 5.1%).

**Since the impact to date is alleged to be greatest in the Northeastern cities, we examined heroin statistics for the Northeast specifically (see the full 1983 volume for these details) and found no increase there either.

Table(s)

- Hallucinogen use (unadjusted for underreporting of PCP) declined some in the middle of the decade (from 11.2% in 1975 to 9.6% in 1978 on annual prevalence). Then, between 1979, when the first adjusted figures were available, and 1982 there was a steady decline in that adjusted statistic, with adjusted annual prevalence dropping from 12.8% in 1979 to 9.3% in 1982. In 1983, the annual adjusted statistic shows no further change, but the lifetime prevalence did continue to drop as did the 30-day statistic. We conclude from this pattern of results that the decline in hallucinogen use is most likely continuing. 6,7,8

- LSD, one of the major drugs comprising the hallucinogen class, showed a decline from 1975 to 1978, followed by considerable stability through 1982. In 1983, there is a decline in all prevalence statistics, with the 30-day prevalence declining significantly from 2.4% in 1982 to 1.9% in 1983). The questions on proportion of friends using and personal exposure to use also indicate a significant decline in use for 1983. 6,7,8

- The lifetime prevalence statistic for the specific hallucinogen PCP showed a continuation of the steady and very substantial decrease which began in 1979 when we first measured the use of this drug (lifetime prevalence has dropped from 12.8% in the class of 1979 to 5.6% in the class of 1983). However, the annual and 30-day statistics for PCP show a slight reversal in 1983 (neither is statistically significant). This suggests either a very recent change in incidence rates, a greater level of recidivism in 1983, and/or simply sampling error. The 1984 results should help to provide the answers. 6,7,8

- As can be seen from these varied patterns for the several drug classes, while the overall proportion of seniors using any illicit drugs other than marijuana or amphetamines has changed rather little, the mix of drugs they are using has been changing.

- Turning to the licit drugs, between 1975 and 1978 there was a small upward shift in the prevalence of alcohol use (except for daily use) among seniors. To illustrate, the annual prevalence rate rose steadily from 85% in 1975 to 88% in 1978, and monthly prevalence rose from 68% to 72%. Between 1978 and 1980, however, the alcohol prevalence figures remained nearly constant. Since 1980 there has been no change in the lifetime or annual prevalence rates and only a slight change in 30-day prevalence (down from 72% in 1980 to 69% in 1983). 6,7,8,9

- This year, for the first time since the study began in 1975, daily alcohol use occurs at the same frequency as daily marijuana use—that is, at 5.5% This equivalence has come about because of the very large decline in daily marijuana use. Daily alcohol use is also now beginning to show some evidence of a gradual and slight downward drift. The 5.5% 9,11-18 level observed in 1983 is the lowest of any of the years of the survey, down from the 6.9% reading in 1979—the peak year. However, a more important measure of alcohol use—binge drinking—shows no such decline.

- There had been some increase in the frequency of binge drinking in the last half of the 1970's. When asked whether they had taken five or more drinks in a row during the prior two weeks, 37% of the seniors in 1975 said they had. This proportion rose gradually to 41% by 1979, and has remained at that level since. Thus, to answer a frequently asked question, there is no evidence that the currently observed drop in marijuana use is leading to a concomitant increase in alcohol use. If anything, daily alcohol use has declined slightly since 1979. 11-18

- As for cigarette use, 1976 and 1977 appear to have been the peak years for lifetime, thirty-day, and daily prevalence. (Annual prevalence is not asked.) Over the subsequent graduating classes, thirty-day prevalence had been dropping, from 38% in the class of 1977 to 29% in the class of 1981. More importantly, daily cigarette use dropped over that same interval from 29% to 20%, and daily use of half-pack-a-day or more had fallen from 19.4% to 13.5% between 1977 and 1981 (nearly a one-third decrease). In 1981 we reported that the decline appeared to be decelerating; in 1982 it halted and perhaps even reversed slightly. Since the 1983 results yield no significant change from 1982, we can confirm that the decline has ended. Of pehaps more importance, there appears to be no indication of a reversal—of an increase in use—as we feared might be the case based on the 1982 results. The daily smoking rate now stands at 21%, the same as in 1980; and daily smoking of half-a-pack or more stands at 13.8%. 6,8,9,12-4

Trend Comparisons for Important Subgroups

Sex Differences in Trends

- Most of the sex differences mentioned earlier for individual classes of drugs have remained relatively unchanged over the past seven years—that is, any trends in overall use have occurred about equally among males and females, as the trend lines in Figures D and E illustrate. There are, however, a few exceptions. Fig D,E

- Since 1977, the small sex difference involving tranquilizer use (men this age had used them less frequently than women) has disappeared, due to a faster decline among females. Fig E

- The ratio of male-female prevalence rates in cocaine use, which was rather large in the mid-1970's, has diminished somewhat in the early 1980's; nevertheless, there remains a sizeable sex difference, with males using more frequently. Fig E

Table(s)

11a,11b, 12a,12b, 8-2 Fig D

- An examination of the trends in the proportion of each sex using any illicit drug (see Figure D) suggests that use among males rose between 1975 and 1978, and has been declining since then (from 59% in 1978 to 50% in 1983). Use among females increased from 1975 (41%) until 1981 (51%) before dropping slightly (to 48% in 1983). However, if amphetamine use is deleted from the statistics (see ◄ notations in Figure D) female use peaked in 1979 and then declined as well. (Note that the declines for both males and females are attributable to the declining marijuana use rates.) Obviously, the recent climb in reported amphetamine use has occurred somewhat more among females. For example, between 1978 and 1982 female amphetamine use (lifetime) rose by 16.4% (from 23.2% to 39.6%) while male use rose by 9.5% (from 22.3% to 31.8%). As noted earlier, these figures undoubtedly overestimate "true" amphetamine prevalence figures. The 1983 lifetime prevalence estimate for females, based on the two unrevised questionnaire forms, is a startling 38.5%; however, based on the three revised questionnaire forms, the corresponding estimate is considerably lower, 27.3%. This means, of course, that a high proportion (almost 30%) of the unrevised estimate for females is due to erroneous inclusion of non-prescription stimulants (largely diet pills). For males, the discrepancy is considerably smaller: the revised estimate is 26.0% vs. 31.7% for the unrevised estimate.

12a,12b Fig D

- Regarding the apparent parity between the sexes in the trends in the use of illicit drugs other than marijuana, it can be seen in Figure D that, when amphetamine use is excluded from the calculations, somewhat differential trends emerge for males vs. females. This is because there are more females today who use only amphetamines and the exclusion of amphetamines from the calculations results in a virtually stable trend line for females in the use of illicits other than marijuana or amphetamines.

11-4,11-10, 11-18 Fig E,F

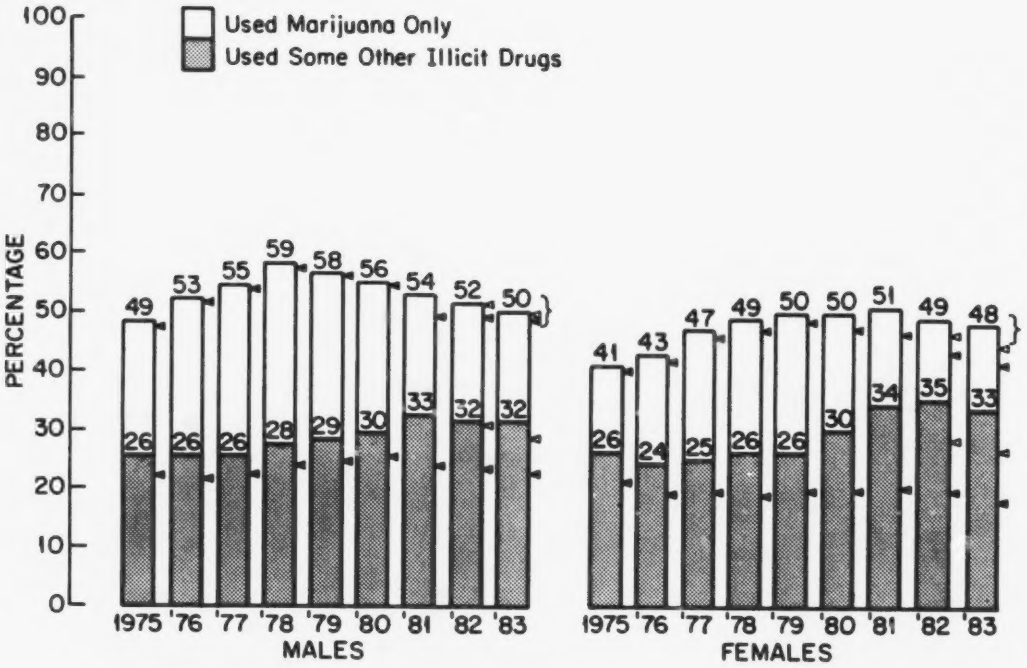
- The sex differences in alcohol use have narrowed slightly since 1975. For example, the thirty-day prevalence rates for males and females differed by 12.8% in 1975 (75.0% vs. 62.2% respectively), but that difference was down to 10.1% by 1983. And, although there still remain substantial sex differences in daily use and occasions of binge drinking, there has been some narrowing of the differences there, as well. For example, between 1975 and 1983 the proportion of males admitting to having five drinks in a row during the prior two weeks showed a net increase of only 1.4% (from 49.0% to 50.4%), whereas a net increase of 4.6% occurred for females (from 26.4% to 31.0%).*

---

*It is worth noting that the same number of drinks produces substantially greater impact on the blood alcohol level of the average female than the average male, because of sex differences in body weight. Thus, sex differences in frequency of actually getting drunk may not be as great as the binge drinking statistics would indicate, since they are based on a fixed number of drinks.

FIGURE D

Trends in Annual Prevalence of an Illicit Drug Use Index
by Sex



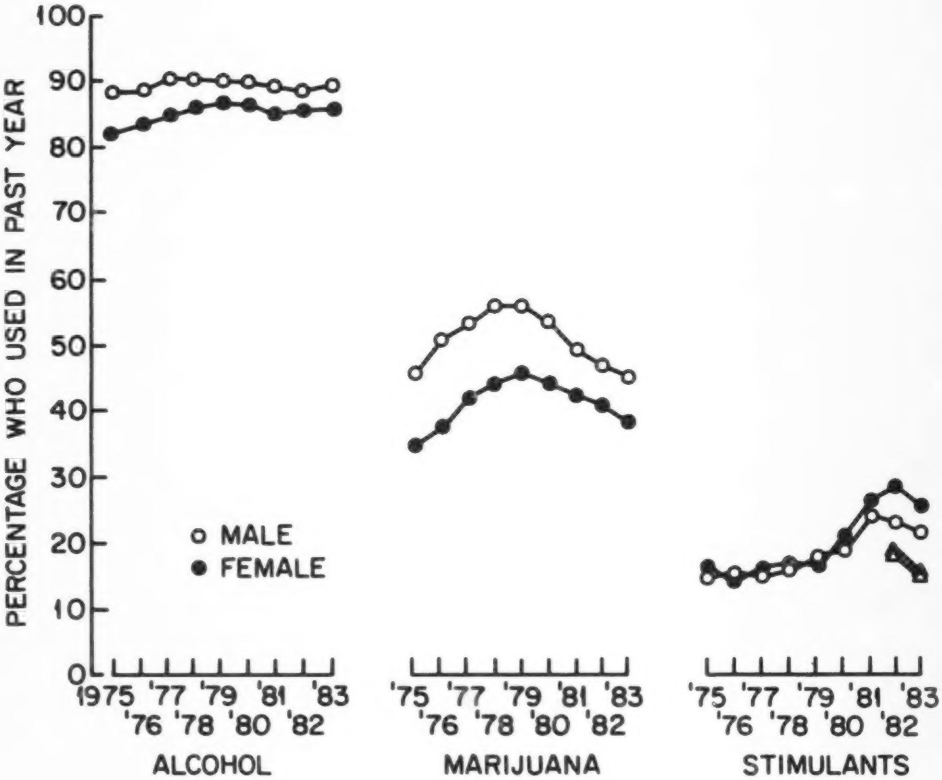
NOTES: Use of "some other illicit drugs" includes any use of hallucinogens, cocaine, and heroin, or any use which is not under a doctor's orders of other opiates, stimulants, sedatives, or tranquilizers.

◄ indicates the percentage which results if all stimulants are excluded from the definition of "illicit drugs." ◁ shows the percentage which results if only non-prescription stimulants are excluded.

The bracket near the top of a bar indicates the lower and upper limits of the 95% confidence interval.

FIGURE E

Trends in Annual Prevalence of Fifteen Drugs
by Sex



NOTE: The triangles indicate the percentages which result if non-prescription stimulants are excluded.

FIGURE E (cont.)

Trends in Annual Prevalence of Fifteen Drugs by Sex

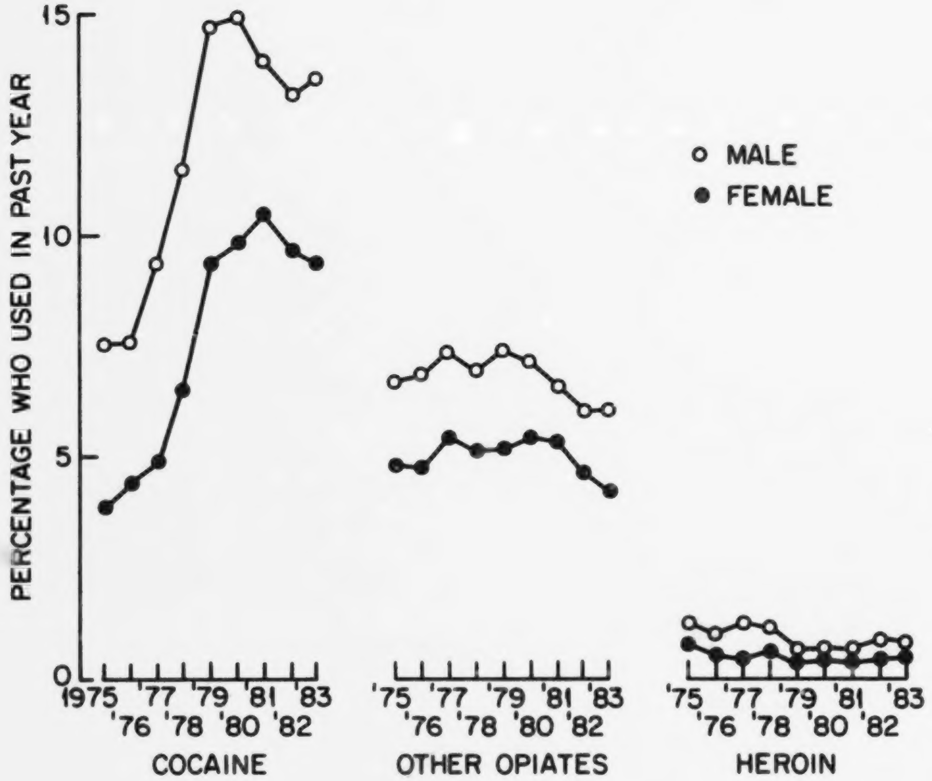


FIGURE E (cont.)

Trends in Annual Prevalence of Fifteen Drugs
by Sex

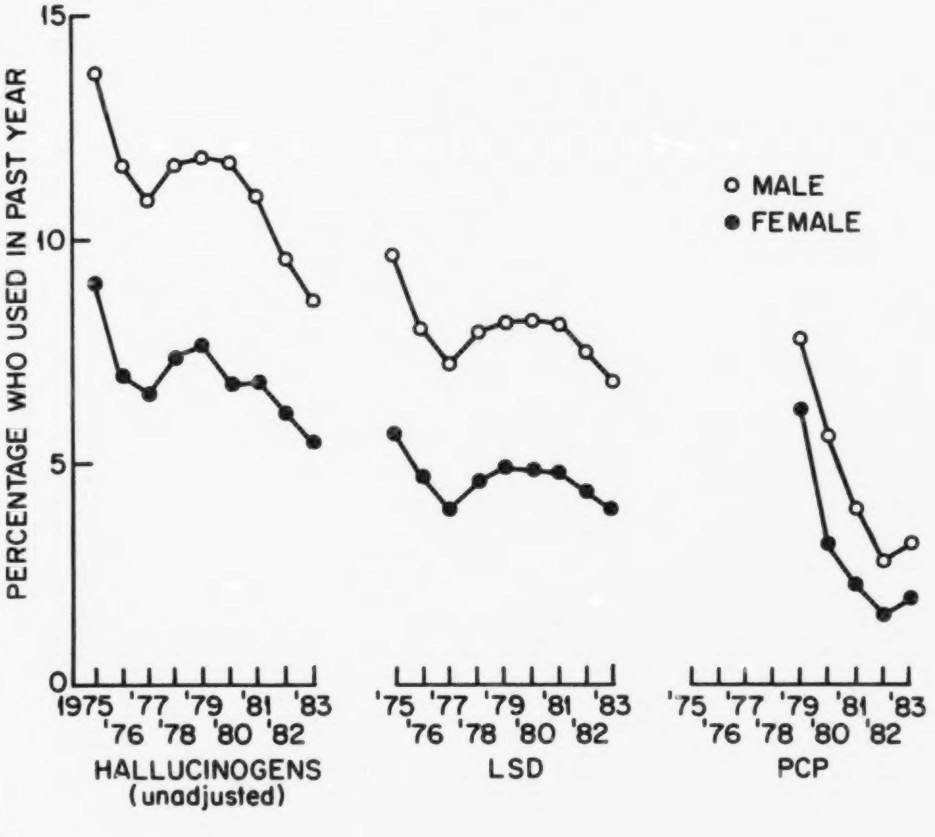


FIGURE E (cont.)

Trends in Annual Prevalence of Fifteen Drugs by Sex

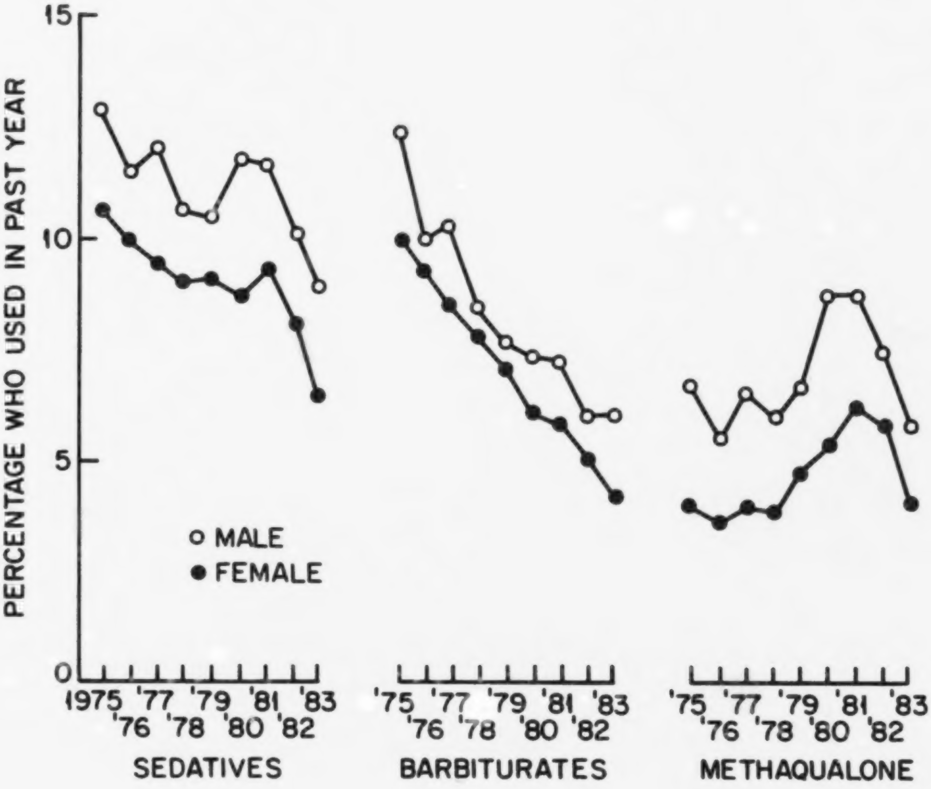


FIGURE E (cont.)

Trends in Annual Prevalence of Fifteen Drugs
by Sex

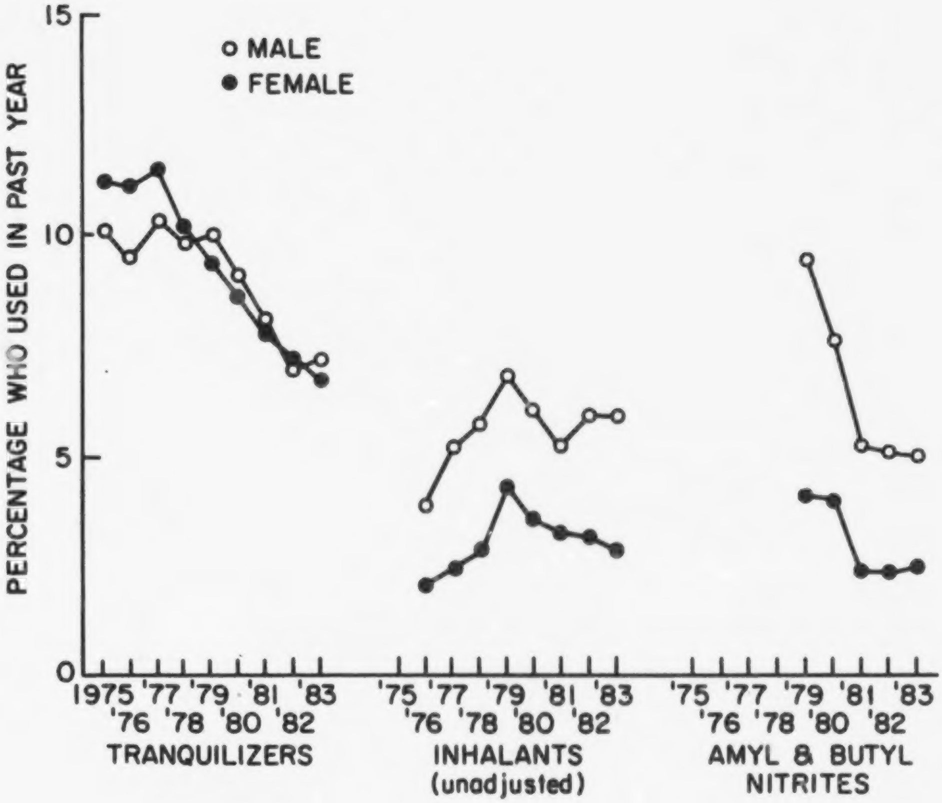
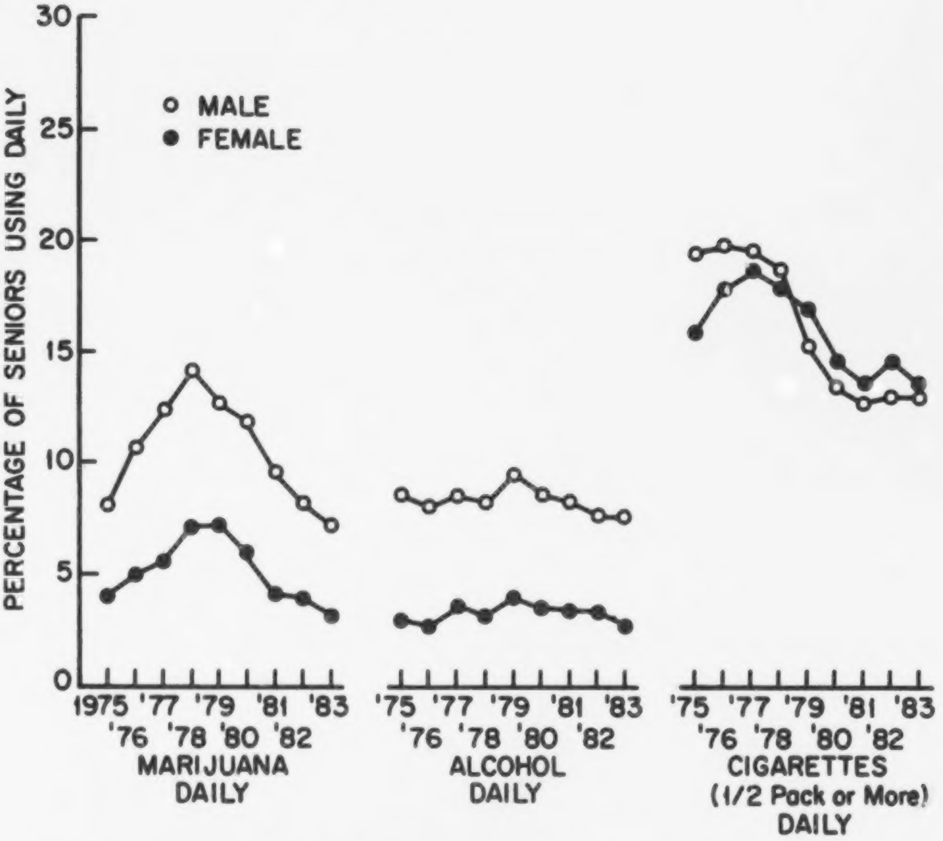


FIGURE F

Trends in Thirty-Day Prevalence of Daily Use of Marijuana, Alcohol, and Cigarettes
by Sex



NOTE: Daily use for alcohol and marijuana is defined as use on 20 or more occasions in the past thirty days. Daily use of cigarettes is defined as smoking a half-pack or more per day in the past thirty days.

TABLE 1-11a

Trends in Proportions Using Marijuana but No Other Illicit Drug During the Last Twelve Months by Subgroups

	Percent who used only marijuana in last twelve months									
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	'82-'83 change
All seniors	18.8	22.7	25.1	26.7	26.0	22.7	18.1	17.0	16.6	-0.4
Sex:										
Male	23.1	26.9	29.1	30.7	28.7	25.8	20.8	19.9	18.6	-1.3
Female	15.2	18.6	21.5	23.1	23.8	19.8	16.5	14.3	14.5	+0.2
College Plans:										
None or under 4 yrs	NA	21.9	24.3	25.5	25.0	20.9	17.5	16.7	16.3	-0.4
Complete 4 yrs	NA	23.4	26.0	27.8	27.0	24.2	18.5	17.8	16.7	-1.1
Region:										
Northeast	25.5	29.2	29.1	30.8	30.9	26.8	20.9	20.3	20.7	+0.4
North Central	16.3	21.5	24.2	27.8	27.4	22.2	17.3	15.9	13.8	-2.1
South	15.6	18.9	23.2	23.6	22.3	21.2	17.6	15.7	16.3	+0.6
West	20.1	23.1	24.0	24.5	23.1	20.5	16.8	16.7	15.4	-1.3
Population Density:										
Large SMSA	24.2	27.2	29.2	30.0	29.2	25.3	19.6	19.0	18.1	-0.9
Other SMSA	18.7	22.0	25.6	27.2	26.5	23.7	18.8	17.8	17.5	-0.3
Non-SMSA	15.4	10.4	21.0	23.3	22.9	19.5	16.3	14.2	14.4	+0.2

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 1-11b

Trends in Proportions Using Marijuana But No Other Illicit Drug (With the Possible Exception of Amphetamines) During the Last Twelve Months, by Subgroups

	Percent who used only marijuana (and possibly amphetamines) in last twelve months									
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	'82-'83 change
All Seniors	21.7	25.9	28.5	30.5	29.8	27.5	25.3	25.0	24.3	-0.7
Sex:										
Male	25.1	29.7	31.7	33.8	31.9	29.4	26.1	26.3	25.5	-0.8
Female	18.9	22.1	25.6	27.6	28.0	25.8	24.8	23.9	23.1	-0.8
College Plans:										
None or under 4 yrs	NA	25.8	28.9	29.9	29.4	27.0	26.5	26.2	25.2	-1.0
Complete 4 yrs	NA	25.9	28.3	31.0	30.4	28.1	24.8	24.5	23.4	-1.1
Region:										
Northeast	28.0	31.7	32.5	34.9	35.1	32.1	28.1	27.3	27.9	+0.6
North Central	20.3	25.4	28.5	32.3	32.2	27.8	26.9	27.3	25.1	-2.2
South	17.1	21.2	25.6	26.3	24.6	24.7	23.3	21.8	21.9	+0.1
West	24.2	27.5	27.6	28.8	27.3	25.4	22.3	22.7	21.9	-0.8
Population Density:										
Large SMSA	28.3	29.9	32.5	33.9	32.4	30.1	26.4	26.7	24.7	-2.0
Other SMSA	21.4	25.4	29.4	30.9	30.6	28.3	25.7	26.2	25.4	-0.8
Non-SMSA	17.7	23.6	24.1	27.1	26.7	24.4	24.1	22.1	22.6	+0.5

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 1-11c

Trends in Adjusted Proportions Using Marijuana but No Other Illicit Drug During the Last Twelve Months by Subgroups[a]

	Percent reporting use in the last twelve months									
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	'82-'83 change
All seniors								19.3	19.0	-0.3
Sex:										
Male								20.8	20.8	0.0
Female								18.0	17.1	-0.9
College Plans:										
None or under 4 yrs								19.4	18.5	-0.9
Complete 4 yrs								19.5	19.0	-0.5
Region:										
Northeast								21.6	22.6	+1.0
North Central								19.2	18.3	-0.9
South								17.5	17.5	0.0
West								19.0	17.7	-1.3
Population Density:										
Large SMSA								21.0	20.5	-0.5
Other SMSA								19.8	19.9	-0.1
Non-SMSA								17.0	16.7	-0.3

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C.

See Appendix D for definition of variables in table.

NA indicates data not available.

[a] Use of "other illicit drugs" includes any use of hallucinogens, cocaine, and heroin, or any use of other opiates, stimulants, sedatives, or tranquilizers not under a doctor's orders.

TABLE 1-12a

Trends in Proportions Using Any Illicit Drug(s) Other Than Marijuana During the Last Twelve Months by Subgroups

	Percent who used some other illicit drug in last twelve months[a]									
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	'82-'83 change
All seniors	26.2	25.4	26.0	27.1	28.2	30.4	34.0	33.8	32.5	-1.3
Sex:										
Male	25.9	25.7	26.3	27.9	29.4	30.2	32.8	31.9	31.8	-0.1
Female	26.2	24.4	25.3	25.7	26.3	30.0	34.3	34.6	32.5	-2.1s
College Plans:										
None or under 4 yrs	NA	28.7	30.0	30.1	31.8	35.5	38.3	37.8	36.7	-1.1
Complete 4 yrs	NA	20.9	20.8	22.7	23.5	25.5	30.1	29.4	28.4	-1.0
Region:										
Northeast	26.0	26.1	27.7	30.8	32.0	32.1	38.0	35.6	33.7	-1.9
North Central	29.2	26.1	27.7	26.8	27.6	30.9	36.1	36.0	35.9	-0.1
South	22.5	23.4	22.9	24.0	23.2	25.8	26.1	28.8	26.8	-2.0
West	28.2	26.6	26.0	28.8	33.3	35.2	38.7	35.6	36.4	+0.8
Population Density:										
Large SMSA	30.3	27.5	27.1	30.3	32.1	34.6	38.3	36.7	35.3	-1.4
Other SMSA	26.3	25.8	26.8	27.3	28.7	30.1	33.3	34.0	33.1	-0.9
Non-SMSA	23.4	23.3	24.2	24.2	24.7	27.5	31.4	30.9	29.6	-1.3

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C.

See Appendix D for definition of variables in table.

NA indicates data not available.

[a] Use of "other illicit drugs" includes any use of hallucinogens, cocaine, and heroin, or any use of other opiates, stimulants, sedatives, or tranquilizers not under a doctor's order.

TABLE I-12b

Trends in Proportions Using Any Illicit Drug(s) Other Than Marijuana or Amphetamines During the Last Twelve Months, by Subgroups

	Percent who used some other illicit drug in last twelve months[a]									
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	'82-'83 change
All seniors	22.4	21.3	21.8	22.3	23.5	23.8	23.8	22.2	21.1	-1.1
Sex:										
Male	23.2	22.4	23.2	24.2	25.6	25.8	25.1	23.5	22.9	-0.6
Female	21.4	19.7	19.9	19.8	20.7	21.1	21.6	20.0	18.7	-1.3
College Plans:										
None or under 4 yrs	NA	23.8	24.5	24.3	26.3	27.5	26.3	24.7	23.7	-1.0
Complete 4 yrs	NA	17.7	17.9	18.7	19.3	19.9	20.9	19.0	18.1	-0.9
Region:										
Northeast	22.6	23.1	23.4	25.9	27.2	25.3	28.4	26.3	24.4	-1.9
North Central	24.1	21.4	22.2	21.4	21.9	23.5	22.8	20.4	19.3	-1.1
South	20.3	20.2	20.0	20.1	19.8	19.8	17.5	18.0	17.5	-0.5
West	23.0	20.8	21.9	23.1	27.7	29.1	30.9	26.9	26.7	-0.2
Population Density:										
Large SMSA	25.2	24.1	23.0	25.7	28.5	28.4	28.7	26.6	25.8	-0.8
Other SMSA	22.7	21.6	22.3	22.6	23.7	23.7	23.6	21.6	21.6	0.0
Non-SMSA	20.2	18.9	20.1	19.1	19.4	20.4	20.2	19.1	16.8	-2.3

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C.

See Appendix D for definition of variables in table.

NA indicates data not available.

[a] Use of "other illicit drugs" includes any use of hallucinogens, cocaine, and heroin, or any use of other opiates, sedatives, or tranquilizers not under a doctor's orders.

TABLE 1-12c

Trends in Adjusted Proportions Using Any Illicit Drug(s) Other Than Marijuana During the Last Twelve Months by Subgroups[a]

	Percent reporting use in the last twelve months									
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	'82-'83 change
All seniors								30.1	28.4	-1.7s
Sex:										
Male								31.0	28.9	-2.1s
Female								28.3	27.3	-1.0
College Plans:										
None or under 4 yrs								34.0	32.3	-1.7
Complete 4 yrs								26.0	24.7	-1.3
Region:										
Northeast								33.5	31.2	-2.3
North Central								31.1	28.6	-2.5
South								24.7	23.8	-0.9
West								32.7	33.0	+0.3
Population Density:										
Large SMSA								33.8	31.5	-2.3
Other SMSA								30.0	29.7	-0.3
Non-SMSA								27.0	24.4	-2.6

NOTES: Level of significance of difference between the two most recent classes:
s = 0.5, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C.

See Appendix D for definition of variables in table.

NA indicates data not available.

[a] Use of "other illicit drugs" includes any use of hallucinogens, cocaine, and heroin, or any use of other opiates, stimulants, or tranquilizers not under a doctor's orders.

Table(s)

- Regarding cigarette smoking, we observed in 1977 that females for the first time caught up to males at the half-a-pack per day smoking level (Figure F). Then, between 1977 and 1981, both sexes showed a decline in the prevalence of such smoking; but use among males dropped more, resulting in a reversal of the sex differences. As of 1983, the proportions of males and females smoking at least a half pack a day differ very little (13.1% for males, 13.6% for females); and at the pack-a-day level there are slightly more males (7.3%) than females (7.0%). (At less frequent levels of smoking there is a somewhat larger sex difference, since there are more occasional smokers among females than among males.)

  12-2,12-3, 12-4,12-5 Fig F

Trend Differences Related to College Plans

- Both college-bound and noncollege-bound students have been showing fairly parallel trends in overall illicit drug use over the last several years (see Figure G).*

  Fig G

- Changes in use of the specific drug classes have also been generally quite parallel for the two groups since 1976, with only minor exceptions.

Regional Differences in Trends

- In terms of the proportion of seniors using any illicit drug during the year, all four regions of the country reached their peaks in 1978 or 1979 (Figure H). In 1983, the Northeast is down 8% from its peak, the North Central and South are down by 5%, and the West is down by 4%.

  Fig H

- Until 1981, the proportion using an illicit drug other than marijuana (unadjusted) had been increasing in all regions. Since then, the Northeast and West have declined to 34% and 36%, respectively. The North Central has remained at 36%; only the South has increased, from 26% in 1981 to 27% in 1983. (As noted earlier, a major factor in the rise of illicit drug use other than marijuana had been an increase in reported amphetamine use. Such a rise appeared in all four regions; however, the rise from 1978 to 1981 was only 6% in the South, whereas in the other regions the percentages all had risen between 9% and 12%. In essence, the South has been least affected by both the rise and the fall in reported amphetamine use.)

  12a,12b Fig H

- When amphetamine use is excluded, as shown by the arrow (◄) in Figure H, then a rather different picture appears for regional trends during the late seventies and early eighties. Use of illicits other than marijuana and amphetamines

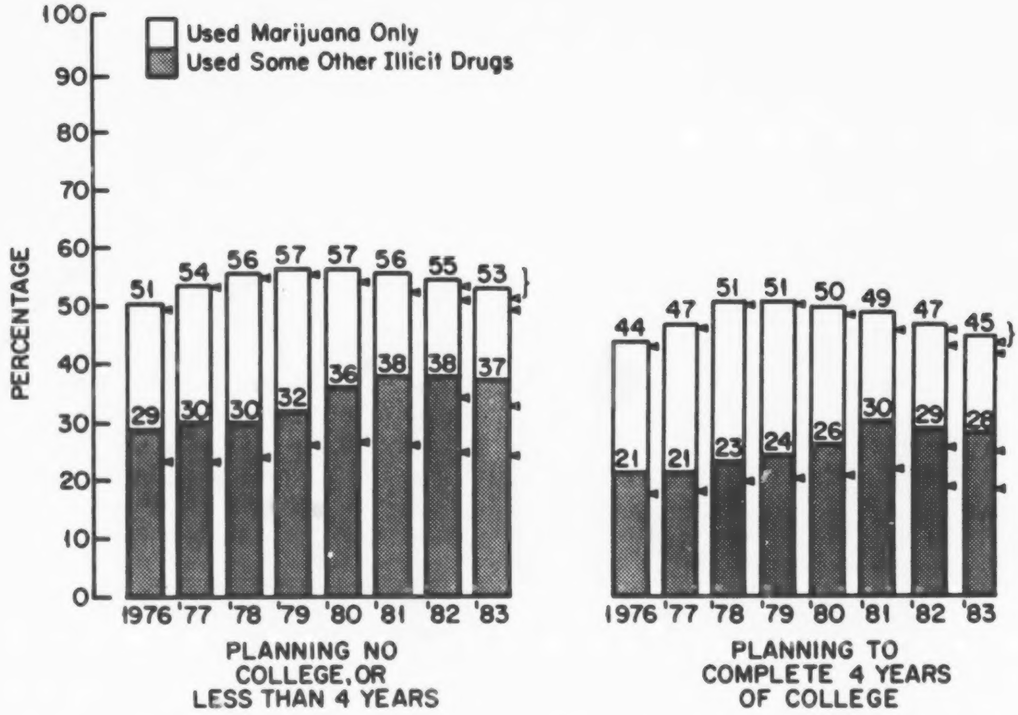
  12b Fig H

---

*Because of excessive missing data in 1975 on the variable measuring college plans, group comparisons are not presented for that year.

FIGURE G

Trends in Annual Prevalence of an Illicit Drug Use Index
by College Plans



NOTES: Use of "some other illicit drugs" includes any use of hallucinogens, cocaine, and heroin, or any use which is not under a doctor's orders of other opiates, stimulants, sedatives, or tranquilizers.

◀ indicates the percentage which results if all stimulants are excluded from the definition of "illicit drugs." ◁ shows the percentage which results if only non-prescription stimulants are excluded.

The bracket near the top of a bar indicates the lower and upper limits of the 95% confidence interval.

actually started to decline in the South and North Central in 1981—both regions having had fairly level rates of use prior to that. Rates in the West and the Northeast did not begin their decline until 1982, after a period of some increase in student involvement with such drugs (but not as great an increase as the "uncorrected" figures would suggest).

- Cocaine use is primarily responsible for the above-noted trends in the West and the Northeast. Between 1976 (when cocaine use in all four regions ranged from 5% to 8%) and 1981, annual prevalence rates in the West and the Northeast almost tripled. (In the North Central regions these rates only doubled by 1979 and 1980, and then began declining in 1981; while in the South annual prevalence of cocaine use showed a smaller rise through 1979, and then began declining). In 1982 cocaine use finally began to decline in the West and leveled in the Northeast. 5-3

  This year, however, annual use increased in both the South and West, while decreasing in the Northeast and North Central regions. The regional differences in cocaine use (e.g., in 1983 two-and-a-half times as many seniors in the West as in the South reported any use during the past year) have been among the most dramatic we have seen (see Table 4, also Tables 3 and 5). 3,4,5

- In the last few years, there has been a diminution in regional differences in hallucinogen use. In 1981, both the North Central and the West had annual rates that were about two and one-half times higher than the South (10.3%, and 10.4%, and 4.1%, respectively), and the Northeast was three times as high (12.9%). Because the South has since increased (to 5.2% in 1983), while the other regions decreased, the regions are now not as different as they were; the North Central is highest at 8.9%, less than twice as high as the South which still has the lowest rate of use. 4-3

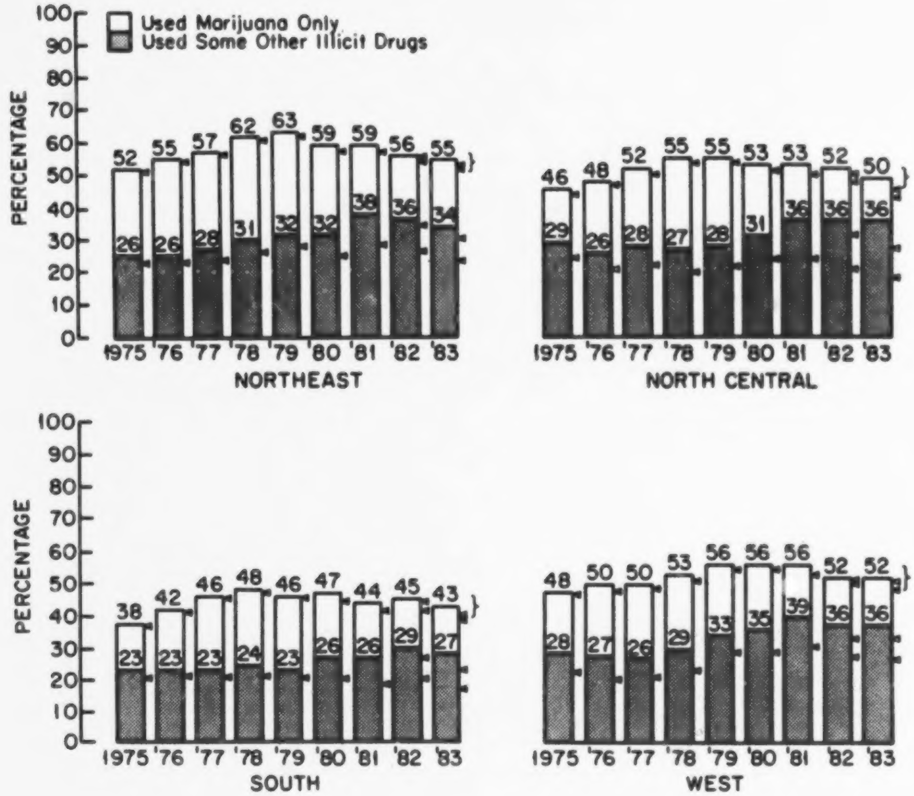
Trend Differences Related to Population Density

- There appears to have been a peaking in 1979 in the proportions using any illicit drug in all three levels of community size (Figure I). Although the smaller metropolitan areas and the non-metropolitan areas never caught up completely with their larger counterparts, they did narrow the gap some between 1975 and 1979. Most of that narrowing was due to changing levels of marijuana use, and most of it occurred prior to 1978. Fig I

- The overall proportion involved in illicit drugs other than marijuana also has peaked in communities of all sizes, but not until 1981 or 1982. Up to 1981, the proportions reporting the use of some illicit drug other than marijuana had been increasing continuously (over a four-year period in the very large cities, and over a three-year period in the smaller 12a Fig I

FIGURE H

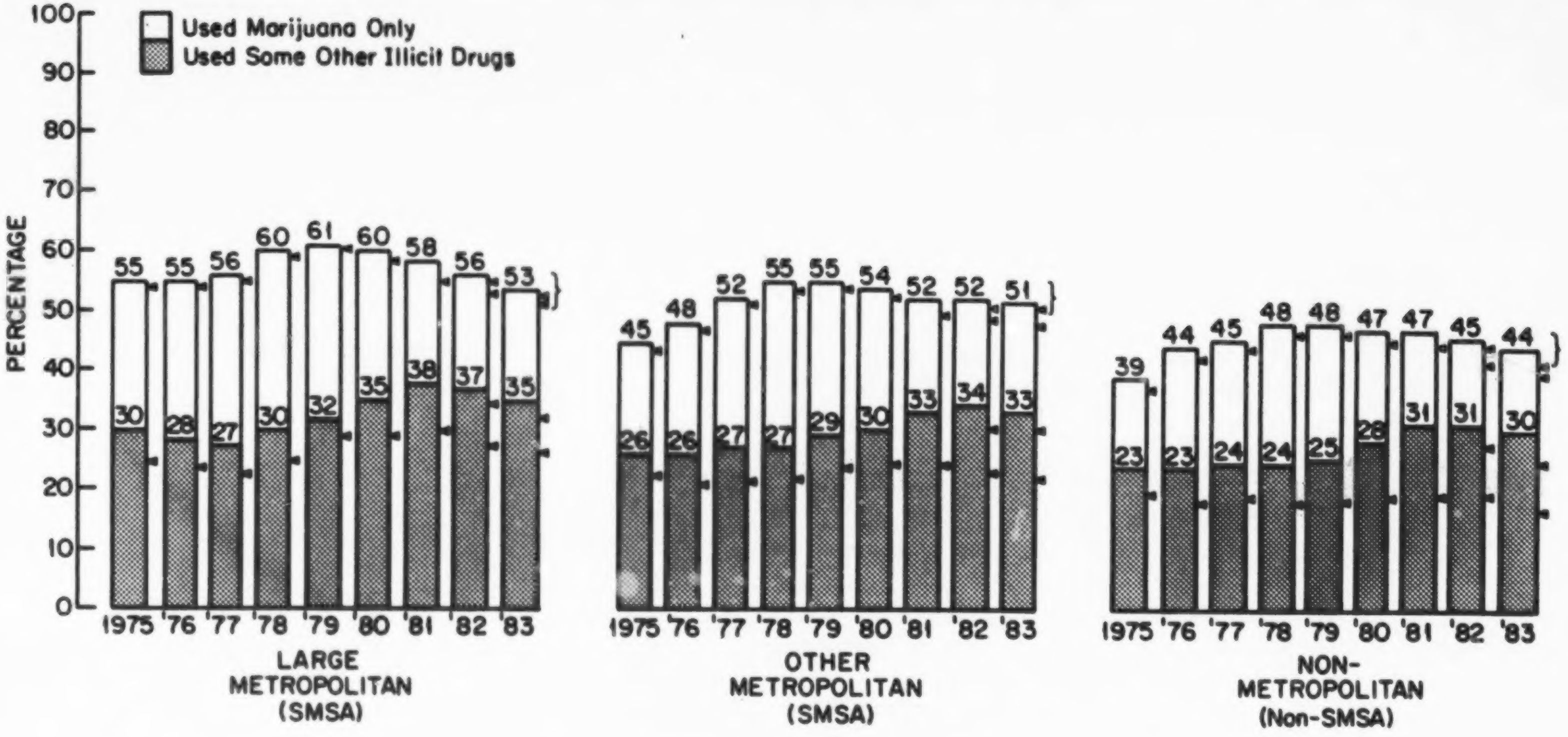
Trends in Annual Prevalence of an Illicit Drug Use Index
by Region of the Country



NOTES: See Figure G for relevant footnotes.

FIGURE I

Trends in Annual Prevalence of an Illicit Drug Use Index
by Population Density



NOTES: See Figure G for relevant footnotes.

metropolitan and non-metropolitan areas). As can be seen by the special notations in Figure I, almost all of this increase is attributable to the rise in reported amphetamine use (which likely is artifactual in part). The 1983 figures show decreases of one to two percent in all three levels of community size.

- The increase in cocaine use, although dramatic at all levels of urbanicity between 1976 and 1979, was greatest in the large cities. There has been a slight (but not statistically significant) decline in use in the large cities since 1980, and in the smaller cities since 1981. Cocaine use has been fairly stable for the last five years in the non-metropolitan areas. 5-3

- There is evidence of a decline in current alcohol use in the large cities in recent years. For example, thirty-day prevalence in the large cities is down by 9%, from 78% in 1980 to 69% in 1983; during the same interval, the small metropolitan areas decreased only 1% (from 71% to 70%), and the non-metropolitan areas did not change (69%). Similarly, daily use decreased between 1980 and 1983 by 2.5% in the large cities (7.1% to 4.6%), while the smaller cities increased by 0.3% (5.4% to 5.7%) and non-metropolitan areas decreased by 0.2% (6.1% to 5.9%). And binge drinking decreased by 6% (from 45% to 39%) in the large cities, compared to a 2% increase in other cities (39% to 41%) and a 1% increase in non-metropolitan areas (41% to 42%). These differential shifts result in less variation among the three levels of urbanicity in 1983 than there had been. 11-4,11-10, 11-18

USE AT EARLIER GRADE LEVELS

In two of the five questionnaire forms used in the study, respondents are asked to indicate the grade in which they were enrolled when they first tried each class of drugs. Graphic presentations on a drug-by-drug basis of the trends for earlier grade levels and of the changing age-at-onset curves for the various graduating classes are contained in the relevant chapters. Table 13 gives the percent of the 1983 seniors who first tried each drug at each of the earlier grade levels.

Grade Level at First Use

- Initial experimentation with most illicit drugs occurs during the final three years of high school. Each illegal drug, except marijuana, had been used by no more than 11% of the class of 1983 by the time they entered tenth grade. (See Table 13.) 13

- However, for marijuana, alcohol, and cigarettes, most of the initial experiences took place before high school. For example, daily cigarette smoking was begun by 15% prior to tenth grade vs. only an additional 9% in high school (i.e., in grades ten through twelve). The figures for initial use of alcohol are 56% prior to and 36% during high school; and for marijuana, 34% prior to and 24% during high school. 13

TABLE 1-13

Grade of First Use for Sixteen Types of Drugs, Class of 1983

Grade in which drug was first used:	Marijuana	Inhalants[a]	Amyl/Butyl Nitrites	Hallucinogens[a]	LSD	PCP	Cocaine	Heroin	Other Opiates	Stimulants[b] (adjusted)	Sedatives	Barbiturates	Methaqualone	Tranquilizers	Alcohol	Cigarettes (Daily)
6th	3.0	2.4	0.7	0.1	0.1	0.4	0.2	0.0	0.4	0.1	0.1	0.2	0.1	0.4	9.6	3.3
7-8th	15.3	3.3	1.5	1.0	0.5	1.0	0.6	0.0	0.9	2.7	1.9	1.6	1.0	2.2	21.8	6.3
9th	15.2	2.4	2.2	2.7	2.0	1.4	2.2	0.2	2.6	7.5	4.0	3.1	2.8	3.4	24.9	5.4
10th	11.5	1.7	1.2	3.3	2.5	1.1	3.4	0.2	2.0	7.7	4.0	2.5	2.9	3.2	18.5	3.9
11th	7.9	1.9	1.9	3.0	2.3	1.1	5.3	0.5	2.4	5.3	3.0	1.8	2.3	2.4	12.1	3.6
12th	4.1	1.7	0.9	1.8	1.5	0.6	4.5	0.2	1.1	3.5	1.3	0.7	0.9	1.6	5.7	1.6
Never used	43.0	86.4	91.6	88.1	91.1	94.4	83.8	98.8	90.6	73.1	85.6	90.1	89.9	86.7	7.4	75.8

NOTE: This question was asked in two of the five forms (N = approximately 5800), except for inhalants, PCP, and the nitrites which were asked about in only one form (N = approximately 2900). Only one form is used for stimulants in this table.

[a] Unadjusted for known underreporting of certain drugs. See page 17 & 19.

[b] Adjusted for overreporting of the non-prescription stimulants.

Table(s)

- Among *inhalant* users (unadjusted for nitrite underreporting), over half had their first experience prior to tenth grade. However, this unadjusted statistic probably reflects the predominant pattern for such inhalants as glues and aerosols, which tend to be used primarily at younger ages. We know that the underreporting of use of amyl and butyl *nitrites* in this category yields an understatement of the number of students who initiated inhalant use in the upper grade levels. This is apparent from age-at-first-use statistics for this subclass in Table 13. 13

- *PCP* use shows a relatively early age of initiation as well, with half of the eventual users having started before high school. 13

- About half of those who report any *barbiturate* use report having started before high school. 13

- For each of the *other illicit drugs*, less than half of the users had begun use prior to tenth grade. For most of these drugs, the corresponding proportion is roughly from one-fifth to two-fifths. These data indicate that significant minorities of eventual users of illicit drugs are initiated prior to tenth grade. 13

- *Stimulant* use in the class of 1983 shows a particularly large jump in incidence in ninth and tenth grades. This is partly due to an upward secular trend in the use of this drug in 1980 and 1981. Earlier classes showed somewhat different relative incidence rates across the grade levels. 13

Trends in Use at Earlier Grade Levels

- Using the retrospective data provided by members of each senior class concerning their grade at first use, it is possible to reconstruct lifetime prevalence curves at lower grade levels during the years when each class was at those various grade levels. Obviously, data from eventual dropouts from school are not included in any of the curves. The last two figures in each of the next eleven chapters show the reconstructed lifetime prevalence curves for earlier grade levels for the relevant drug.

- Figure J-1 provides the trends at each grade level for lifetime use of *any illicit drug*. It shows that for all grade levels there was a continuous increase in illicit drug involvement through the seventies. The increase is fortunately quite small for use prior to sixth grade; only 1.1% of the class of 1975 reported having used an illicit drug before 6th grade (which was in 1969 for that class), but the figure has increased modestly, and for the class of 1983 is at 3.8% (which was in 1977 for that class). The lines for the other grade levels all show much steeper upward slopes, indicating Fig J-1, J-2

Table(s)

that the more recent graduating classes had initiated illicit drug use earlier than the less recent classes. For example, about 49% of the class of 1983 had used some illicit drug by the end of grade 10, compared to 37% of the class of 1975.

Fig J-1

- Beginning in 1980, though, there is a leveling off at the high school level (grades 10, 11, and 12) in the proportion becoming involved in illicit drugs. There may well be a leveling (or even a decline) in the lower grades in the same period; but insufficient data are available at present to confirm that fact.

Fig J-3, J-5

- Most of the increase in any illicit drug use was due to increasing proportions using marijuana. We know this from the results in Figure J-3 showing trends for each grade level in the proportion having used any illicit drug other than marijuana in their lifetime. These trend lines are relatively flat throughout the seventies and, if anything, began to taper off among ninth and tenth grade between 1975 and 1977. The biggest cause of the increases in these curves from 1978 to 1981 was the rise in reports of amphetamine use. As noted earlier, we suspect that at least some of this rise is artifactual. If amphetamine use is removed from the calculations, even greater stability is shown in the proportion using illicits other than marijuana or amphetamines. (See Figure J-5).

Fig 2-1

- As can be seen in Chapter 2, for the years covered across the decade of the 70's, marijuana use had been rising steadily at all grade levels down through seventh grade. Beginning in 1979, marijuana involvement began to decline for grades 9 through 12. Further, the trend lines for grade 8 shows a decelerating curve, strongly suggesting that junior high school use reached an asymptote by the end of the seventies, as well. Importantly, there appears to have been little ripple effect in marijuana use down to the elementary schools, through 1977. (Use prior to 6th grade rose only slightly, from 0.6% for the class of 1975 to 3.0% for the class of 1983.) The three most recent national household surveys by NIDA would suggest that this continues to be true: the proportion of 12 to 13 year olds reporting any experience with marijuana was 6% in 1971, and was constant at 8% in 1977, 1979, and 1982. Presumably sixth graders would have even lower absolute rates since the average age of sixth graders is less than twelve.*

Fig 5-1

- Cocaine use at earlier grade levels is given in Chapter 5. One clear contrast to the marijuana pattern is that most initiation into cocaine use takes place in the last two years of high school (rather than earlier, as is the case for marijuana). Further, most of the increase in cocaine experience between 1976 and 1980 occurred in the 11th and 12th grades, not below. Since 1980, experience with cocaine has remained level in the three grades for which data exist, i.e., grades 10 through 12.

---

*See National Survey on Drug Abuse: Main Findings 1982 by J.D. Miller et al. Rockville, MD: National Institute on Drug Abuse, 1983.

- The lifetime prevalence statistics for stimulants peaked briefly for grade levels 9 through 12 during the mid 70's. However, it showed a sharp rise in the late 70's at virtually all grade levels. As has been stated repeatedly, we believe that some—perhaps most—of this recent upturn is artifactual in the sense that non-prescription stimulants account for much of it. However, regardless of what accounts for it, there was a clear upward secular trend—that is, one derived across all cohorts and grade levels—beginning in 1979. The data from the class of 1983 give the first indication of a reversal of this trend. Fig 8-1

- Lifetime prevalence of hallucinogen use (unadjusted for underreporting of PCP) began declining among students at most grade levels in the mid 1970's and this gradual decline continues in the upper grades. However, it appears that a leveling and possibly some reversal may have occurred in 1979 and 1980 in the lower grades, due almost entirely to the trends in LSD use. (The trend curves for LSD are extremely similar in shape, though lower in level, of course.) Fig 4-1, 4-1a

- While there is relatively little trend data for PCP, since questions about grade of first use of PCP were not included until 1980, some interesting results emerge. From the rather checkered data available, it appears that the sharp downturn began around 1979. If the hallucinogen figure were adjusted for underreporting of PCP use, it also would be showing even more downturn in recent years. Fig 4-1, 4-1b

- Questions about age at first use for inhalants (unadjusted for the nitrites) have been asked only since 1978. The retrospective trend curves suggest that during the mid 1970's, experience with inhalants decreased for most grade levels and then began to rise again. Fig 3-1

- Since grade-at-first-use data have been gathered for the nitrites beginning in 1979, only limited retrospective data exist. These do not show the recent increase observed for the overall inhalant category. In fact, they show a decline in experience with the nitrites. Fig 3-1a

- The lifetime prevalence of sedative use, like stimulant use, began declining for all grade levels in the mid 70's, then shows some reversal in the late 70's. (Recall that annual prevalence observed for seniors had been declining steadily from 1975 to 1979.) As the graphs for the two subclasses of sedatives—barbiturates and methaqualone—show, the trend lines have been different for them at earlier grade levels as Fig 9-1, 9-1a, 9-1b

FIGURE J-1

Use of Any Illicit Drug: Trends in Lifetime Prevalence for Earlier Grade Levels
Based on Retrospective Reports from Seniors

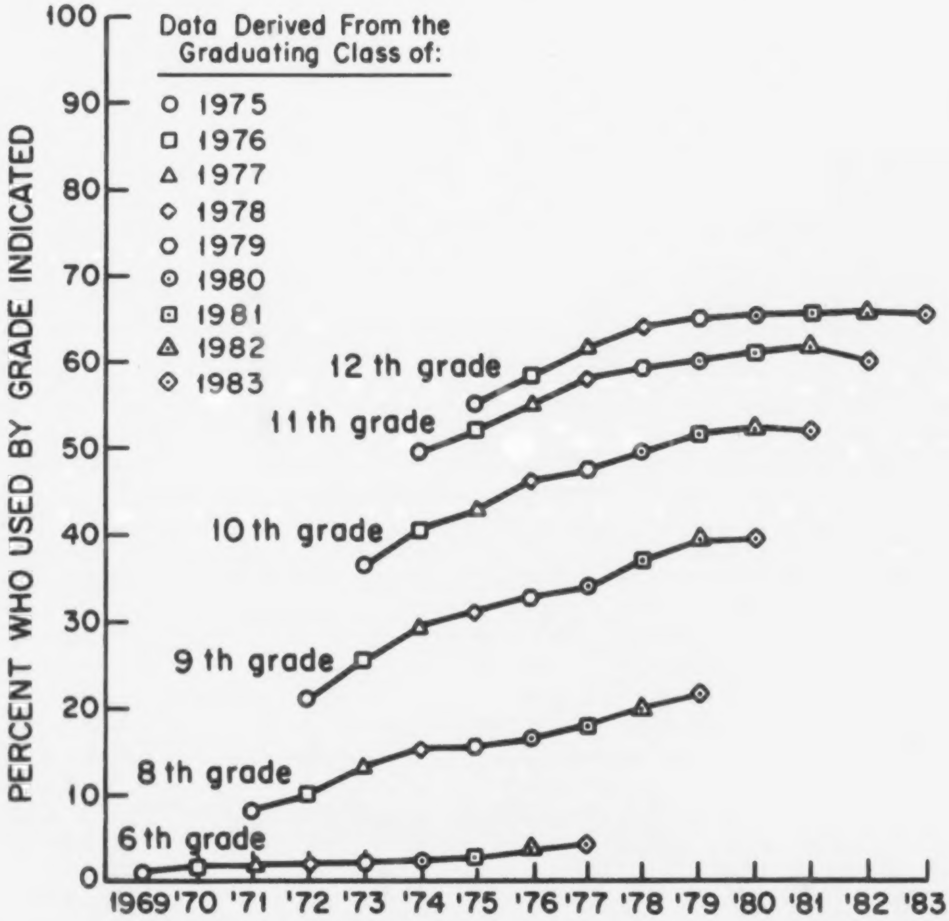
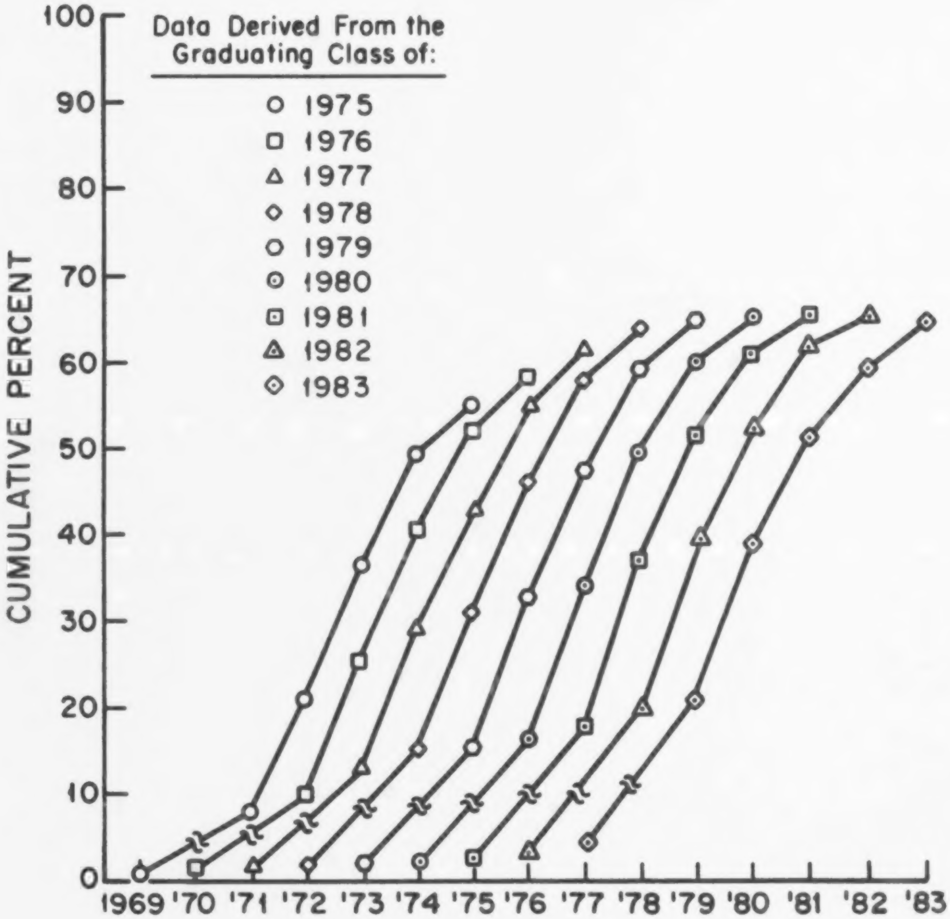


FIGURE J-2

Use of Any Illicit Drug: Cumulative Lifetime Prevalence for Each Graduating Class by Grade Level



NOTE: Each ascending curve represents the cumulative lifetime prevalence for a single graduating class, with the six sequential points demarcating (from left to right) the following grade levels: 6th, 8th, 9th, 10th, 11th, and 12th.

FIGURE J-3

Use of Any Illicit Drug Other Than Marijuana: Trends in Lifetime Prevalence for Earlier Grade Levels
Based on Retrospective Reports from Seniors

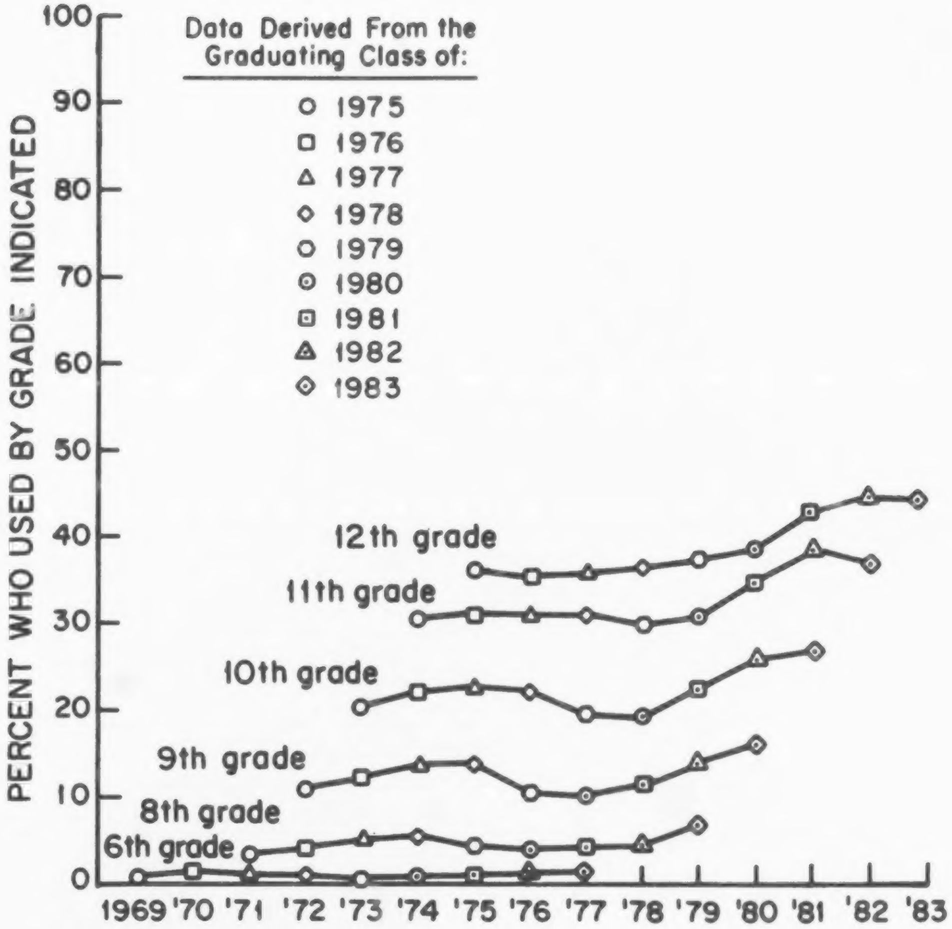
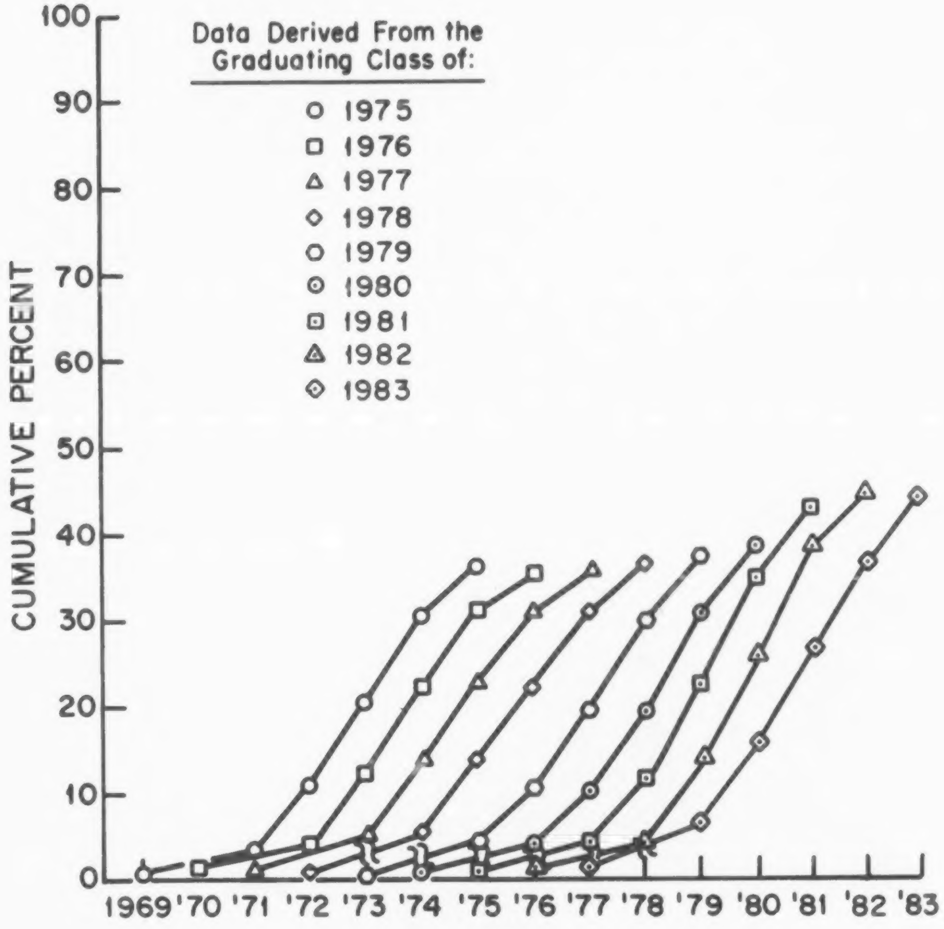


FIGURE J-4

Use of Any Illicit Drug Other Than Marijuana: Cumulative Lifetime Prevalence for Each Graduating Class by Grade Level



NOTE: Each ascending curve represents the cumulative lifetime prevalence for a single graduating class, with the six sequential points demarcating (from left to right) the following grade levels: 6th, 8th, 9th, 10th, 11th, and 12th.

FIGURE J-5

Use of Any Illicit Drug Other Than Marijuana or Amphetamines: Trends in Lifetime Prevalence for Earlier Grade Levels
Based on Retrospective Reports from Seniors

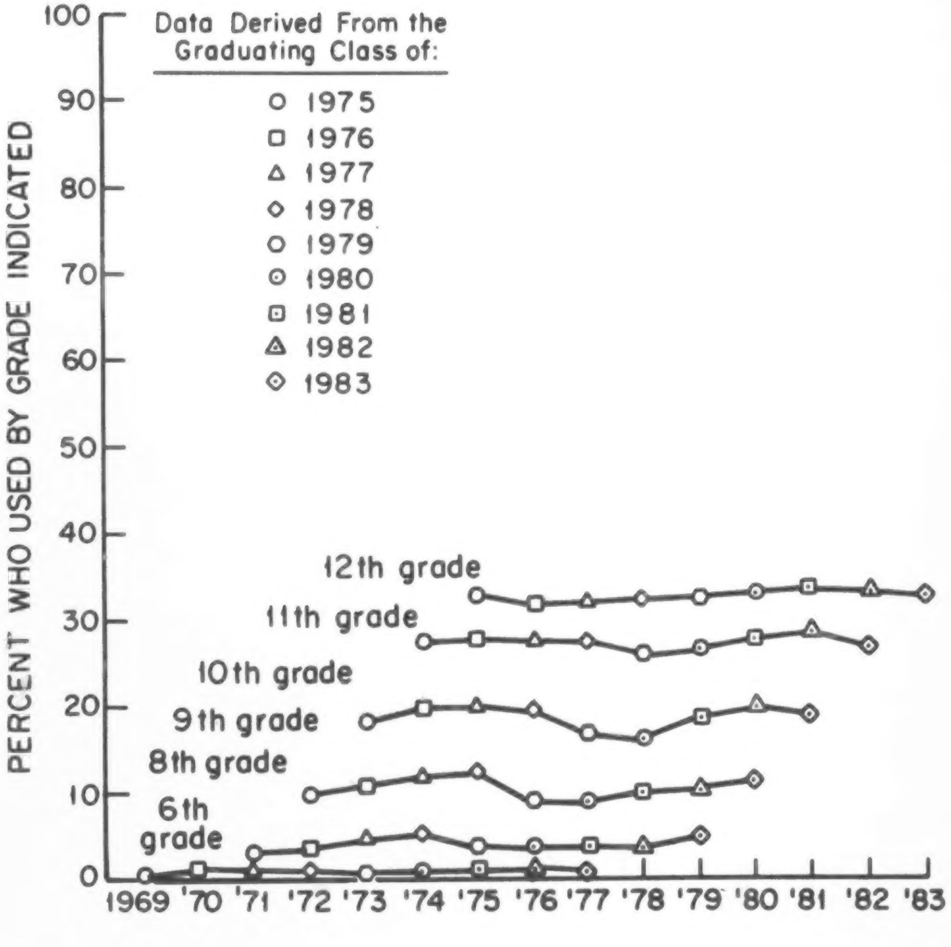
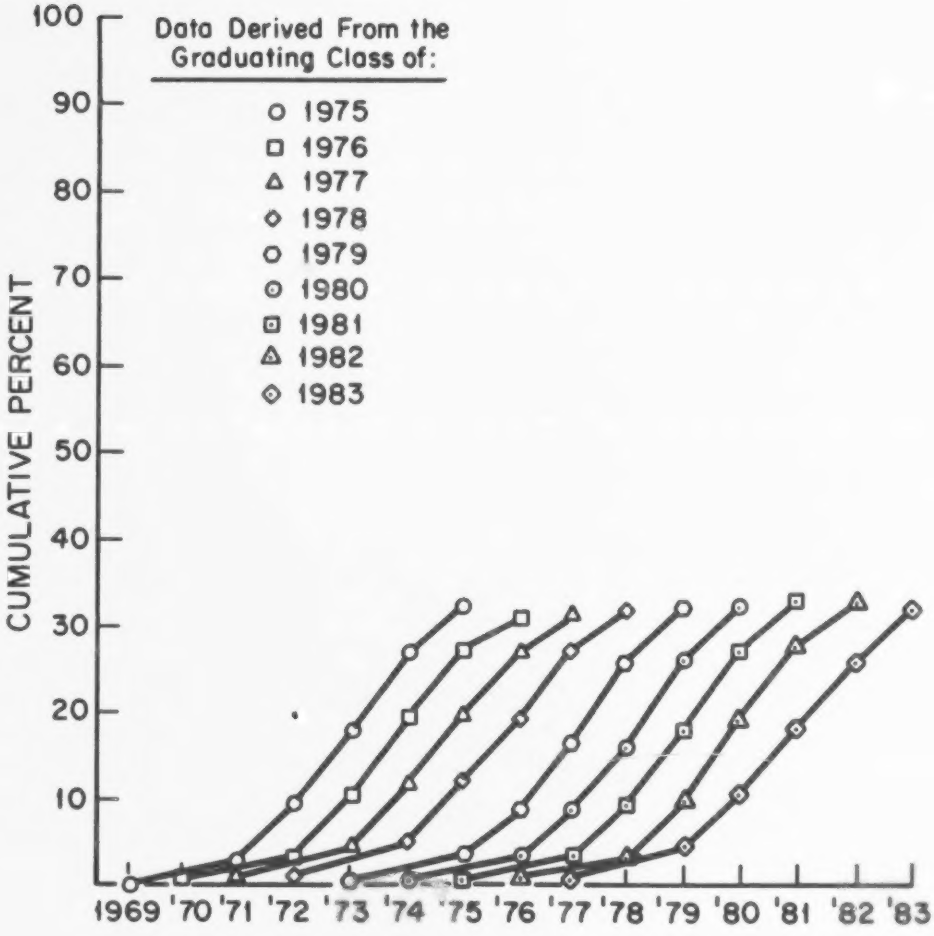


FIGURE J-6

Use of Any Illicit Drug Other Than Marijuana or Amphetamines: Cumulative Lifetime Prevalence for Each Graduating Class by Grade Level



NOTE: Each ascending curve represents the cumulative lifetime prevalence for a single graduating class, with the six sequential points demarcating (from left to right) the following grade levels: 6th, 8th, 9th, 10th, 11th, and 12th.

Table(s)

well as in twelfth grade. Since about 1974 or 1975, lifetime prevalence of barbiturate use had fallen off sharply at all grade levels for all classes until the late 70's; since then there has been little change.

Fig 9-1b

Methaqualone use started to fall off at about the same time as barbiturate use in nearly all grade levels, but dropped rather little and then flattened. Between 1978 and 1981 there had been a fair increase in use in nearly all grade levels; but the more recent statistics for the upper grades show a leveling (while the "current use" statistics for twelfth grades actually show a substantial decline).

Fig 10-1

- Lifetime prevalence of tranquilizer use also began to decline at all grade levels in the mid-70's. Overall, it would appear that the tranquilizer trend lines have been following a similar course to that of sedatives. So far, the curves are different only in that tranquilizer use continued a steady decline among eleventh and twelfth graders, while sedative use did not.

Fig 6-1

- Though a little difficult to see, the heroin lifetime prevalence figures for grades 9 through 12 all began declining in the mid 1970's, then leveled, and show no evidence of reversal as yet.

Fig 7-1

- The lifetime prevalence of use of opiates other than heroin has remained quite flat at all grade levels since the mid-70's.

Fig 12-1

- The lifetime prevalence curves for cigarette smoking show dramatically that initiation to daily smoking was beginning to peak at the lower grade levels in the mid 1970's. This peaking did not become apparent among high school seniors until a few years later. In essence, these changes reflect in large part cohort effects—changes which show up consistently across the age band for certain class cohorts. Because of the highly addictive nature of nicotine, this is a type of drug-using behavior in which one would expect to observe enduring differences between cohorts if any are observed at a formative age. Unfortunately, the most recent cohort indicates a bottoming of this dramatic decline, but so far no clear evidence of a reversal.

Fig 11-1

- The comparable curves for lifetime prevalence of alcohol use at earlier grade levels are very flat, suggesting that very little change in initiation rates took place at earlier grade levels across the years covered. Recall, however, that among seniors a very modest increase in the drinking of a large quantity of alcohol on occasion did occur between 1975 and 1979. It is possible that similar shifts took place in lower grade levels, as well.

DEGREE AND DURATION OF HIGHS

On one of the five questionnaire forms, seniors who report use of a drug during the prior twelve months are asked how long they usually stay high and how high they usually get on that drug. These measures were developed both to help characterize the drug-using event and to provide indirect measures of dose or quantity of drugs consumed.

Table(s)

- Figure K shows the proportion of 1983 seniors who say that they usually get "not at all" high, "a little" high, "moderately" high, or "very" high when they use a given type of drug. The percentages are based on all respondents who report use of the given drug class in the previous twelve months, and therefore each bar cumulates to 100%. The ordering from left to right is based on the percentage of users of each drug who report that they usually get "very" high. (The width of each bar is proportional to the percentage of all seniors having used the drug class in the previous year; this should serve as a reminder that even though a large percentage of users of a drug may get very high, they may represent only a small proportion of all seniors.) Fig K

- The drugs which usually result in intense highs are the hallucinogens (LSD and other hallucinogens), heroin and methaqualone (Quaaludes). (Actually, heroin has been omitted from Figure K because of the small number of cases available for a given year, but an averaging across years indicates that it would rank very close to LSD.) Fig K

- Next come cocaine and marijuana, with nearly two-thirds of the users of each saying they usually get moderately high or very high when using the drug. Fig K

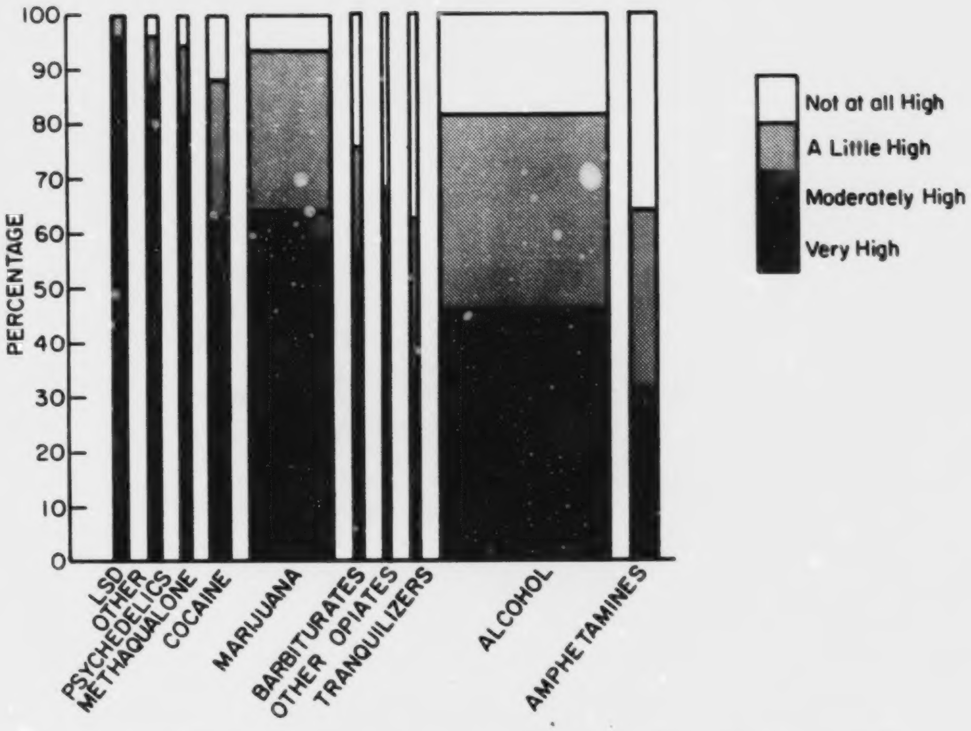
- The four major psychotherapeutic drug classes—barbiturates, opiates other than heroin, tranquilizers and stimulants—are less often used to get high; but substantial proportions of users (from 31% for stimulants to 56% for barbiturates) still say they usually get moderately or very high after taking these drugs. Fig K

- Relatively few of the many seniors using alcohol say that they usually get very high when drinking, although nearly half usually get at least moderately high. However, for a given individual we would expect more variability from occasion to occasion in the degree of intoxication achieved with alcohol than with most of the other drugs. Therefore, many drinkers surely get very high at least sometimes, even if that is not "usually" the case. Fig K

- Figure L presents the data on the duration of the highs usually obtained by users of each class of drugs. The drugs Fig L

FIGURE K

Degree of High Attained by Recent Users



NOTE: The width of each bar is proportionate to the number of seniors reporting any use of each drug in the prior 12 months. Heroin is not included in this figure because these particular questions are not asked of the small number of heroin users.

Table(s)

are arranged in the same order as for intensity of highs to permit an examination of the amount of correspondence between the degree and duration of highs.

- As can be seen in Figure L, those drugs which result in the most intense highs generally tend to result in the longest highs. For example, LSD, other hallucinogens, and methaqualone rank one through three respectively on both dimensions, with substantial proportions (from 20% to 54%) of the users of these drugs saying they usually stay high for seven hours or more. And alcohol ranks last on both dimensions; most users stay high for two hours or less. Fig L

- However, there is not a perfect correspondence between degree and duration of highs. The highs achieved with marijuana, although intense for many users, tend to be relatively short-lived in comparison with most other drugs. The majority of users usually stay high two hours or less, and the modal and median time is one to two hours. Fig K,L

- For cocaine users the modal high is one to two hours, though nearly as many stay high three to six hours. Longer highs are reported by 10%. Fig L

- The modal and median duration of highs for barbiturates and stimulants are three to six hours. Users of opiates other than heroin and tranquilizers report highs of slightly shorter duration. Fig L

- In sum, the drugs vary considerably in both the duration and degree of the highs usually obtained with them. (These data obviously do not address the qualitative differences in the experiences of being "high".) Sizeable proportions of the users of all of these drugs report that they usually get high for at least three hours per occasion, and for a number of drugs appreciable proportions usually stay high for seven hours or more. Fig K,L

Trends in Degree and Duration of Highs

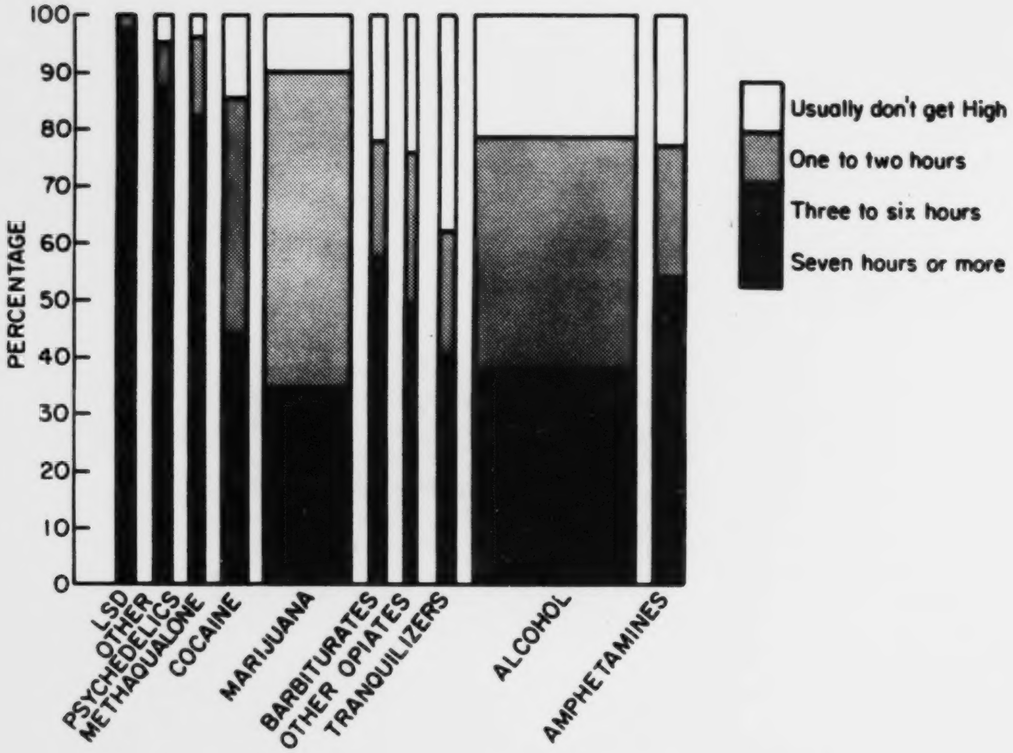
- There have been several important shifts over the last several years in the degree or duration of highs usually experienced by users of the various drugs.

- The average duration of the highs reported by LSD users has declined somewhat since the mid- to late 1970's. In 1975, 74% of the recent LSD users reported usually staying high seven hours or more; by 1983 this proportion had dropped to 54%. The subjectively reported degree of high usually obtained has also dropped slightly, from 79% of users saying "very high" in 1975 to 69% of users in 1983. 4-10a

- For cocaine, the proportion who say they usually get high for only two hours or less has increased from 36% in 1977 to 56% in 1983, reflecting a substantial shortening in the average 5-10

FIGURE L

Duration of High Attained by Recent Users



NOTE: The width of each bar is proportionate to the number of seniors reporting any use of each drug in the prior 12 months. Heroin is not included in this figure because these particular questions are not asked of the small number of heroin users.

duration of highs. There has also been some modest decline in the average degree of high attained, with 77% of users usually getting moderately or very high in 1977, compared to 62% in 1983.

- For *opiates other than heroin*, there had been a fairly steady decline between 1975 and 1979 in both the intensity of the highs usually experienced *and* in the duration of those highs. In 1975, 39% said they usually got "very high" vs. 18% in 1979. The proportion usually staying high for seven or more hours dropped from 28% in 1975 to 13% in 1979. Since 1979, the degree and duration of highs experienced with this class of drugs has remained quite constant. 7-10

- *Stimulants* have shown a substantial decrease in the proportion of recent users usually getting very high or moderately high (down from 60% in 1975 to 31% in 1983). Consistent with this, the proportion of users saying they simply "don't take them to get high" increased from 9% in 1975 to 24% by 1983. In addition, the average reported duration of stimulant highs has been declining; 41% of the 1975 users said they usually stayed high seven or more hours vs. only 12% of the 1983 users.* 8-10

- These substantial decreases in both the degree and the duration of highs strongly suggest that there has been some shift in the purposes for which stimulants are being used. An examination of data on self-reported reasons for use tends to confirm this conclusion. The proportion of *all* seniors who reported both using "amphetamines" in the prior year *and* checking "to stay awake" as one of their reasons for use, rose from 8% in 1976 to 14% in 1981. There was also a similar pattern of increase in the proportion of all seniors who reported using "to lose weight" (up from 4% in 1976 to 10% in 1981) as well as a similar pattern for the proportion who checked "to get more energy" (up from 8% in 1976 to 15% in 1981). When the revised questions on amphetamines were introduced in 1982—making it more clear that look-alikes and over-the-counter drugs should be excluded—there still resulted higher proportions of *all* seniors in 1982 and 1983 using for each of these instrumental reasons than in 1976 (i.e., 9% in 1983 used to "stay awake" vs. 8% in 1976, 6% to "lose weight" vs. 4% in 1976, and 10% to "get more energy" vs. 8% in 1976). However, these numbers are not as high as in 1981, since *some* of the seniors whose answers were included in the 1981 results must have been using *non*-prescription stimulants for these purposes. In sum, we conclude that there has been a distinct increase in the use of amphetamines for these non-recreational purposes—purposes which are among the most cited of all sixteen which might have been checked.

---

*The questionnaire form containing the questions on degree and duration of highs is one on which the amphetamine questions were clarified in 1982, to eliminate the inappropriate inclusion of non-prescription stimulants. One might have expected this change to have increased the degree and duration of highs reported, given that real amphetamines would be expected to have greater psychological impact on the average; but the trends still continued downward this year.

- There also, however, appears to have been at least some increase in recreational use as well, though clearly not as steep an increase as the trends in overall use might suggest. The data on exposure to people using amphetamines "to get high or for kicks", which will be discussed further in a section below, show a definite increase between 1976 and 1981 (there was a rise of 8% just between 1979 and 1981). There was no further increase in exposure to use for those purposes in 1982, however, suggesting that recreational use, as well as overall use, had leveled off, and this year there has been a decrease in such exposure.

- There is some evidence in the last few years that the degree and duration of highs usually achieved by barbiturate users and methaqualone users has been decreasing. The largest change has been in the duration of methaqualone highs, which dropped sharply in the last four years. 9-10a, 9-10b

- For marijuana there has been some general downward trending since 1978 in the degree of the highs usually obtained. In 1978, 27% of users said they usually get "very high"—a figure which dropped to 20% by 1981; there was a slight (3%) reversal of this trend in 1982, but it is down again this year, to 22%. There have also been some interesting changes taking place in the duration figures. Recall that most marijuana users say they usually stay high either one to two hours or three to six hours. Since 1975 there has been a steady shift in the proportions selecting each of these two categories: a lower proportion of recent users answered three to six hours in 1983 (30% vs. 45% in 1975) while a higher proportion answered one to two hours in 1983 (56% vs. 40% in 1975). Until 1979 this shift could have been due almost entirely to the fact that progressively more seniors were using marijuana; and the users in more recent classes, who would not have been users in earlier classes, probably tended to be relatively light users. We deduce this from the fact that the percentage of all seniors reporting three to six hour highs remained relatively unchanged from 1975 to 1979, while the percentage of all seniors reporting only one to two hour highs had been increasing steadily (from 16% in 1975 to 25% in 1979). 2-11

  However, the overall prevalence rate did not increase over the past four years (annual prevalence actually dropped by 9%), but the shift toward shorter average highs continued. Thus we must attribute this recent shift to another factor, and the one which seems most likely is a general shift (even among the most marijuana-prone segment) toward a less frequent (or less intense) use of the drug. The drop in daily prevalence, over the last four years, which certainly is

Table(s)

disproportionate to the drop in overall prevalence, is consistent with this interpretation. Also consistent is the fact that the average number of "joints" smoked per day (among those who reported any use in the prior month) has been dropping. In 1976, 49% of the current users of marijuana indicated that they averaged less than one "joint" per day in the prior 30 days, but by 1983 this proportion had risen to 59%. In sum, not only are fewer high school students now using marijuana, but those who are using seem to be using less frequently and to be taking smaller doses per occasion.

- For hallucinogens other than LSD, taken as a class, there has been a very slight decline since 1975 in the duration of highs usually experienced, though not in the intensity of the highs. 4-10b

- There are no clearly discernible patterns in the intensity or duration of the highs being experienced with the remaining classes of drugs on which we have the relevant data—i.e., tranquilizers and alcohol. (Data have not been collected for highs experienced in the use of inhalants, the nitrites specifically, or PCP specifically; and the number of admitted heroin users on a single questionnaire form is inadequate to estimate trends reliably.) 10-10,11-11

Chapter 2

MARIJUANA/HASHISH

A significant proportion of the age group under study uses marijuana and/or hashish on a daily (or near-daily) basis, as the figures below demonstrate. Because of this fact, a supplementary table is included in this chapter (Table 2-10) which shows trends in daily prevalence of marijuana/hashish use for various subgroups of the sample. The only other drugs for which comparable daily use tables will be presented are alcohol and cigarettes.

Since marijuana and hashish both have the same major psychoative ingredient—tetrahydrocannabinol—they were treated as a set in most of the questions in this study, as they are in most other epidemiological surveys in the field. (See Appendix D for the exact questions.) Separate questions for marijuana and hashish were included in one of the five questionnaire forms, however, and the results there indicate that marijuana still accounts for the majority of the use and the users in this drug class.

The key findings derived from the data tables in this chapter are presented in summary form below.

Prevalence of Use in 1983	Table(s)
Total Sample	
• Over half of all seniors (57%) have tried marijuana or hashish and one-fourth (25%) had used it on 20 or more occasions in their lifetime.	1,2,6
• Over four out of every ten (42%) report having used it in the prior year.	3
• Just over a quarter (27%) had used it in the last month.	4
• Weekly use or more (defined as use on three or more occasions in the prior 30 days) is reported by 18% of the sample.	6
• Daily use (defined as 20 or more occasions in the last 30 days) is now reported by 5.5% of the sample.	6,10
Subgroup Differences	
• Sex Differences. Prevalence for all three time intervals is slightly higher among males than females. (For example, annual prevalence is reported by 46% of the males and 38% of the females.) A much more important difference between the sexes is evident when use on 40 or more occasions during the last year is compared; about 13% of the males compared to 6% of the females report usage at this frequency. Also, more than twice as many males (7.3%) as females (3.2%) report daily use.	2,3,4,5,10

Table(s)

- College Plans. Use is more widespread among the noncollege-bound than among the college-bound (46% vs. 38% in annual prevalence). Again the differences are more pronounced for frequent use; 7% of the college-bound have used 40 or more times in the previous year vs. about 12% of the noncollege-bound. Similarly, only 3.4% of the college-bound report daily use vs. 7.3% of noncollege-bound. 2,3,4,5,10

- Region of the Country. Prevalence tends to be lowest in the South and highest in the Northeast (36% and 49%, respectively, for annual prevalence). A similar difference is evident for daily use, with 4.5% using daily in the South vs. 6.9% in the Northeast. 2,3,4,5,10

- Population Density. Prevalence remains lowest in the nonmetropolitan areas (non-SMSAs show 37% annual prevalence) and highest in the very large cities. (Large SMSAs have 47% annual prevalence.) The prevalence of daily use is also lower than average (at 3.8%) in the nonmetropolitan areas and higher than average in the large metropolitan areas (7.3%). 2,3,4,5,10

Recent Trends in Prevalence

Total Sample

- It is now clear that 1978 and 1979 marked the crest of a long and dramatic rise in marijuana use among American high school students. Annual and 30-day prevalence of marijuana use hardly changed at all between 1978 and 1979, following a steady rise in the preceding years. In 1980 both statistics, dropped for the first time, and they have continued to drop in each successive year of the study. Annual prevalence is down by 9% from its all time high (i.e., down from 51% in 1979 to 42% in 1983); and monthly use has fallen 10% over the same interval (from 37% to 27%). 2,3,4

- Changes in lifetime prevalence lagged by several years the changes in annual and 30-day prevalence. Lifetime prevalence did not start to drop until 1980, and then showed only a small shift from 60% in 1980 to 57% in 1983. This is not surprising when we consider that most seniors report their initial experience with marijuana as having occurred by grade ten, several years prior to graduation. Thus, if the peak years for experimentation with marijuana were 1978 and 1979, we would not expect to see the effects among seniors until several years later. 2,3,4

- Of greatest importance is the sharp downward trend now occurring for daily marijuana use. Between 1975 and 1978 there was an almost two-fold increase in daily use. The proportion reporting daily use in the class of 1975 (6.0%) came as a surprise to many. That proportion then rose 10 rapidly, so that by 1978 one in every nine high school seniors (10.7%) indicated that he or she used the drug on a daily or nearly daily basis (defined as use on 20 or more occasions in the last 30 days). In 1979 we reported that this rapid and troublesome increase had come to a halt.

As later sections of this report document, much of this reversal appears to be due to increasing concerns about possible adverse effects from regular use, as well as to the perception that peers are now more disapproving of regular marijuana use. These changes in attitudes and beliefs suggest that the downward shift in marijuana use is likely to continue.

Subgroup Differences in Trends

- The overall trends in marijuana use have been pretty much mirrored in the separate trends for males and females, although among males the decline began about a year earlier than it did among females in the majority of the prevalence periods. Both lifetime and annual prevalence rates have decreased more among males than among females, thus closing the gap between them somewhat. 2,3,4

- The overall trends also have been replicated fairly closely within both the college and noncollege-bound subgroups, except that the college-bound appeared to begin their decline a little earlier (see Table 2-3) and marijuana use has been decreasing at a faster pace among the college-bound. 2,3,4

- There are no appreciable departures from overall trends observed among the different regions of the country, although the differences between them have narrowed somewhat since marijuana use peaked in the late seventies. 2,3,4

- Communities of different sizes have also shown fairly parallel movement to each other, although the differences among them have narrowed somewhat since 1978 and 1979. 2,3,4

Use at Earlier Grade Levels

- For over half of those who have used by the end of senior year, first use occurred between seventh and ninth grades. 7 Fig 2

- There was a substantial and continuing increase in the prevalence of early use in the mid-seventies to early eighties. Early onset (defined as initial use prior to tenth grade) climbed steadily from 17% in the class of 1975 to 35% in the class of 1982. In the class of 1983, this proportion finally began to decline to 33.5%. The drop in early onset was largely the result of a decrease in initiation rates reported at the ninth grade level. (In fact, the proportion of seniors reporting initiation at the sixth grade or below continued to rise in 1983, as it has in each successive year of the study, 7,9 Fig 1

Table(s)

though it still stands at only 3.0%.) However, we would predict that the incidence of early onset will continue to decrease, judging by what we are observing among seniors, and from the fact that earlier grade trend lines are already either decelerating or actually decreasing.

- Although marijuana use had been rising steadily at all grade levels down through eighth grade, there appears to have been little ripple effect in marijuana use down to the elementary schools, through 1977 (when the class of 1983 was in sixth grade). The three most recent national household surveys by NIDA would suggest that this continues to be true: the proportion of 12 to 13 year olds reporting any experience with marijuana was 6% in 1971, 8% in 1977, and 8% in 1979 and 1982. Presumably sixth graders would have even lower absolute rates since the average age for sixth graders is less than twelve.* 7 Fig 1

- Subgroup differences in early use of marijuana tend to follow differences in lifetime prevalence in senior year; the subgroups with the highest overall precentages of marijuana use also show the highest percentages of users at earlier grade levels. 2,8,9

- The trends in early onset have also been reflected among all subgroups, with two exceptions. As previously noted, early onset declined for the first time in 1983, but increased modestly among males and in the Southern region. It is also interesting to note that in the two regions with the highest recorded incidence of early onset—the Northeast and the West—early prevalence has decreased commensurately more, as it has in large SMSA's. 9

Probability of Future Use

- Only one out of every five to six seniors (about 18%) say they "probably" or "definitely" will be using marijuana five years in the future. 6

- This reflects a 10% decrease from 1978, the peak year, and is now lower than the level originally observed in 1975 (19%). 6

- The proportion expecting to use it in the future is substantially smaller than the proportion who reported actual use during the previous 30 days—apparently some of the current users view the current usage phase in their lives as transitory. 4,6

---

*See National Survey on Drug Abuse: Main Findings 1982 by Miller, J.D., et al. (National Institute on Drug Abuse), Washington, D.C.: U.S. Government Printing Office, (ADM) 83-1263, 1983.

Degree and Duration of Highs — Table(s)

- On one of the questionnaire forms, seniors who reported using any marijuana during the prior twelve months were asked to state how high they usually got when they used it and how long they stayed high.

- Asked to rate how high they usually get on marijuana, the modal answer they give is "moderately high" (42%), while nearly another quarter (22%) say they usually get "very high." Over one-third of these users say "only a little" or "not at all" high. The proportion reporting getting "moderately" to "very" high has shifted downward somewhat since the peak level recorded in 1978 (when 73% gave one of these answers) to 64% in 1983. 11

- The modal time interval for being high—that is, the one most frequently chosen—is one to two hours (reported by 56% of users). Most other users (30%) say they usually stay high for 3 to 6 hours; but a few (4%) say they usually stay high for 7 hours or longer. 11,14

- The proportion of users who report that they usually stay high for more than 2 hours has declined steadily from 52% in 1975 to 35% in 1983. 11

  The recent decline in intensity (degree and duration) of highs is unlikely due to any decrease in the potency of marijuana. In fact, the average strength of marijuana available on the street has been reported as increasing. Thus, the more likely explanation for the decreased intensity is that users' desired degree of highs seems to be decreasing.

- Users from the different subgroups (defined in terms of sex, college plans, region, and urbanicity) show rather similar patterns of responses to the questions concerning the degree and duration of feeling high. However, females, the college-bound and those residing in the North Central region report slightly less intense use on the average occasion. Females also stay high a shorter time than males, on average. 12,13,14,15

TABLE 2-1

Marijuana: Prevalence (Ever Used) and Recency of Use by Subgroups, Class of 1983

(Entries are percentages)

	Number of Cases (Approx.)	Ever used	Past month	Past year, not past month	Not past year	Never used
All seniors	16300	57.0	27.0	15.3	14.7	43.0
Sex:						
Male	7800	59.9	31.0	14.7	14.2	40.1
Female	8000	53.4	22.2	16.2	15.0	46.6
College Plans:						
None or under 4 yrs	6300	61.2	30.7	15.3	15.2	38.8
Complete 4 yrs	8800	52.2	22.9	15.4	13.9	47.8
Region:						
Northeast	3900	63.7	32.0	17.3	14.4	36.3
North Central	4600	57.0	27.2	14.8	15.0	43.0
South	5200	50.8	22.9	13.2	14.7	49.2
West	2600	59.2	27.1	17.7	14.4	40.8
Population Density:						
Large SMSA	4200	62.3	31.7	15.3	15.3	37.7
Other SMSA	6800	58.8	28.1	15.9	14.8	41.2
Non-SMSA	5300	50.5	21.8	14.7	14.0	49.5

NOTE: See Appendix D for definition of variables in table.

TABLE 2-2

Marijuana: Trends in Lifetime Prevalence of Use by Subgroups

	Percent ever used									
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	'82-'83 change
All seniors	47.3	52.8	56.4	59.2	60.4	60.3	59.5	58.7	57.0	-1.7
Sex:										
Male	52.7	58.9	61.9	64.4	65.0	64.4	62.5	61.5	59.9	-1.6
Female	42.7	46.1	50.8	53.9	55.7	56.1	56.2	55.5	53.4	-2.1
College Plans:										
None or under 4 yrs	NA	55.3	59.6	61.4	62.9	64.3	63.5	63.8	61.2	-2.6
Complete 4 yrs	NA	48.7	52.0	55.5	56.8	56.8	55.9	54.0	52.2	-1.8
Region:										
Northeast	56.3	60.7	62.5	66.7	69.8	67.4	67.8	64.6	63.7	-0.9
North Central	46.9	52.1	56.0	60.6	60.9	60.2	59.9	59.8	57.0	-2.8
South	38.8	45.7	51.4	52.4	51.6	53.6	50.8	51.1	50.8	-0.3
West	52.5	55.9	57.1	59.0	62.1	62.9	63.2	61.7	59.2	-2.5
Population Density:										
Large SMSA	58.1	60.1	62.5	66.2	68.5	67.9	65.9	64.0	62.3	-1.7
Other SMSA	48.1	52.3	57.7	60.2	62.0	61.0	59.6	59.6	58.8	-0.8
Non-SMSA	39.6	47.8	49.7	51.9	52.1	53.9	54.6	53.1	50.5	-2.6

NOTES: Level of significance of difference between the two most recent classes;
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 2-3

Marijuana: Trends in Annual Prevalence of Use by Subgroups

	Percent who used in last twelve months									
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	'82-'83 change
All seniors	40.0	44.5	47.6	50.2	50.8	48.8	46.1	44.3	42.3	-2.0
Sex:										
Male	45.8	50.6	53.2	55.9	55.8	53.4	49.2	47.2	45.7	-1.5
Female	34.9	37.8	42.0	44.3	45.7	44.1	42.5	40.8	38.4	-2.4
College Plans:										
None or under 4 yrs	NA	46.8	50.7	51.6	53.1	51.7	49.7	48.2	46.0	-2.2
Complete 4 yrs	NA	40.7	43.4	47.1	47.3	45.9	42.6	40.6	38.3	-2.3
Region:										
Northeast	47.4	52.7	53.5	59.2	60.6	55.5	53.2	50.9	49.3	-1.6
North Central	40.1	44.0	48.1	51.6	52.2	48.9	46.8	45.6	42.0	-3.6
South	32.4	37.9	42.5	42.7	41.2	42.0	38.0	36.7	36.1	-0.6
West	44.1	45.8	46.8	49.1	51.9	51.7	49.6	45.5	44.8	-0.7
Population Density:										
Large SMSA	50.4	51.3	53.2	57.2	58.7	56.3	51.4	50.4	47.0	-3.4
Other SMSA	40.3	44.2	48.9	50.8	51.9	49.8	46.4	44.8	44.0	-0.8
Non-SMSA	32.9	39.8	41.2	43.3	43.3	41.9	41.6	38.5	36.5	-2.0

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 2-4

Marijuana: Trends in Thirty-Day Prevalence of Use by Subgroups

	Percent who used in last thirty days									
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	'82-'83 change
All seniors	27.1	32.2	35.4	37.1	36.5	33.7	31.6	28.5	27.0	-1.5
Sex:										
Male	32.3	37.7	40.7	42.6	41.4	37.8	35.3	31.4	31.0	-0.4
Female	22.5	26.0	30.0	31.3	31.3	29.1	27.3	24.9	22.2	-2.7s
College Plans:										
None or under 4 yrs	NA	34.5	38.7	39.2	39.6	37.7	36.1	32.9	30.7	-2.2
Complete 4 yrs	NA	28.4	31.0	33.2	32.2	29.4	27.4	23.9	22.9	-1.0
Region:										
Northeast	32.2	38.6	40.4	46.7	44.7	39.3	38.2	33.3	32.0	-1.3
North Central	27.6	31.4	36.1	37.8	38.0	34.0	33.0	30.0	27.2	-2.8
South	21.2	27.7	31.3	30.6	29.0	28.4	24.7	22.4	22.9	+0.5
West	30.8	32.7	33.6	34.3	35.9	35.2	32.0	29.2	27.1	-2.1
Population Density:										
Large SMSA	36.2	37.9	40.4	44.0	42.2	39.6	36.3	34.3	31.7	-2.6
Other SMSA	26.4	32.5	36.2	37.1	37.5	34.5	31.4	28.3	28.1	-0.2
Non-SMSA	22.2	27.5	30.2	31.4	30.9	28.3	28.0	23.8	21.8	-2.0

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 2-5

Marijuana: Frequency of Use in the Last Year by Subgroups, Class of 1983

(Entries are percentages)

		Number of occasions in last 12 months						
	Number of Cases (Approx.)	None	1-2	3-5	6-9	10-19	20-39	40+
All seniors	16300	57.7	11.5	7.2	4.6	5.3	4.1	9.6
Sex:								
Male	7800	54.3	11.1	7.2	4.6	5.7	4.2	12.9
Female	8000	61.6	11.9	7.2	4.7	4.8	3.9	5.8
College Plans:								
None or under 4 yrs	6300	54.0	11.5	7.2	4.7	5.8	4.8	11.9
Complete 4 yrs	8800	61.7	11.6	7.1	4.5	4.7	3.4	7.0
Region:								
Northeast	3900	50.7	12.4	8.8	5.3	6.1	4.9	11.8
North Central	4600	58.0	11.2	7.3	4.7	5.2	3.9	9.8
South	5200	63.9	10.6	5.8	4.2	4.3	3.6	7.7
West	2600	55.2	12.8	7.3	4.5	6.1	4.2	9.9
Population Density:								
Large SMSA	4200	53.0	11.6	7.8	5.0	6.0	4.6	11.9
Other SMSA	6800	56.0	11.9	7.3	4.7	5.7	4.3	10.1
Non-SMSA	5300	63.5	11.1	6.5	4.3	4.1	3.4	7.2

NOTE: See Appendix D for definition of variables in table.

TABLE 2-6

Marijuana: Trends in Frequency of Use for Lifetime, Last Year, and Last Thirty Days and in Probability of Future Use

(Entries are percentages)

	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983
Lifetime use									
No occasions	52.7	47.2	43.6	40.8	39.6	39.7	40.5	41.3	43.0
1-2 occasions	8.8	9.0	9.1	9.1	9.2	10.3	10.5	11.4	11.9
3-5 occasions	5.1	5.4	6.1	6.1	5.9	6.8	7.1	7.3	7.9
6-9 occasions	4.0	4.0	4.7	4.8	5.1	5.5	5.3	5.3	5.7
10-19 occasions	5.4	5.9	6.5	6.4	6.8	6.7	6.6	7.2	6.8
20-39 occasions	5.1	5.6	5.8	6.2	6.5	6.2	6.3	6.3	6.0
40 or more	18.9	22.9	24.3	26.6	27.0	24.8	23.7	21.3	18.8
N =	(9841)	(15845)	(17555)	(18073)	(15992)	(15839)	(17540)	(17650)	(16297)
Use in last twelve months									
No occasions	60.0	55.5	52.4	49.8	49.2	51.2	53.9	55.7	57.7
1-2 occasions	8.7	8.6	8.9	8.9	9.8	10.3	10.2	11.3	11.5
3-5 occasions	5.2	5.9	6.5	6.5	6.6	7.0	7.3	6.8	7.2
6-9 occasions	4.3	4.7	5.1	5.4	5.0	5.2	4.9	4.8	4.6
10-19 occasions	5.5	5.8	6.3	6.1	6.8	6.1	5.7	5.7	5.3
20-39 occasions	4.5	5.1	5.6	5.8	5.4	5.3	5.0	4.5	4.1
40 or more	11.7	14.3	15.1	17.5	17.2	14.9	12.9	11.2	9.6
N =	(9792)	(15748)	(17490)	(18009)	(15931)	(15749)	(17455)	(17567)	(16234)
Use in last thirty days									
No occasions	72.9	67.8	64.6	62.9	63.5	66.3	68.4	71.5	73.0
1-2 occasions	7.7	8.3	9.6	9.2	9.4	9.6	10.1	9.4	9.3
3-5 occasions	4.8	5.4	5.8	6.0	5.9	5.8	5.4	5.0	4.7
6-9 occasions	4.0	4.7	5.0	4.6	4.5	4.0	3.9	3.7	3.3
10-19 occasions	4.6	5.7	5.9	6.7	6.5	5.2	5.1	4.1	4.2
20-39 occasions	3.2	4.3	4.5	5.4	5.1	4.6	3.6	3.3	2.8
40 or more	2.8	3.9	4.6	5.3	5.2	4.5	3.4	3.0	2.6
N =	(9796)	(15722)	(17473)	(18014)	(15915)	(15755)	(17453)	(17563)	(16238)
Probability of future use									
Definitely will not	58.8	53.3	50.5	49.6	50.8	55.2	55.8	56.9	60.0
Probably will not	22.1	21.3	22.4	23.0	23.9	22.0	24.5	24.7	22.2
Probably will	14.3	20.4	20.7	21.0	19.0	18.7	16.4	15.1	14.6
Definitely will	4.8	5.1	6.4	6.5	6.3	4.1	3.3	3.4	3.1
N =	(3063)	(3212)	(3572)	(3659)	(3274)	(3213)	(3536)	(3550)	(3306)

TABLE 2-7

Marijuana: Trends in Grade in Which First Used

	Percent reporting first use in each grade								
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983
Sixth grade (or below)	0.6	0.8	1.3	1.7	1.8	1.9	2.2	2.7	3.0
Seventh or Eighth grade	5.9	7.7	10.3	12.0	12.2	13.0	14.0	15.4	15.3
Ninth grade	10.7	14.2	15.1	14.5	16.4	16.5	17.9	16.9	15.2
Tenth grade	13.4	14.1	12.3	14.5	14.1	14.7	13.2	11.9	11.5
Eleventh grade	11.7	10.3	11.2	10.8	10.8	9.7	8.1	7.9	7.9
Twelfth grade	4.9	5.7	6.1	5.6	5.2	4.4	4.0	4.0	4.1
Never used	52.7	47.2	43.6	40.8	39.6	39.7	40.5	41.3	43.0
N[a] =	(3082)	(2970)	(6109)	(6144)	(5627)	(5465)	(6164)	(6224)	(5716)

---

[a] This question was asked in one form only in 1975 and 1976 and in two forms in all subsequent years.

TABLE 2-8

Marijuana: Grade in Which First Used by Subgroups, Class of 1983

(Entries are percentages)

		Grade in school						
	Number of Cases (Approx.)	6 or below	7/8	9	10	11	12	Never used
All seniors	5800	3.0	15.3	15.2	11.5	7.9	4.1	43.0
Sex:								
Male	2800	4.5	18.6	15.9	10.3	6.9	3.7	40.1
Female	2900	1.5	12.5	14.4	12.2	8.5	4.4	46.6
College Plans:								
None or under 4 yrs	2100	3.7	16.5	16.2	12.5	7.9	4.3	38.8
Complete 4 yrs	3400	2.3	14.2	13.5	10.3	7.9	4.0	47.8
Region:								
Northeast	1300	2.9	17.1	17.8	12.4	9.2	4.3	36.3
North Central	1500	2.8	17.2	14.6	12.1	6.9	3.5	43.0
South	1900	2.4	11.1	14.0	11.0	8.2	4.2	49.2
West	1100	4.9	17.5	14.1	10.2	7.6	4.9	40.8
Population Density:								
Large SMSA	1700	4.1	17.8	16.7	11.3	7.9	4.3	37.7
Other SMSA	2500	3.0	16.7	14.6	12.8	7.9	3.7	41.2
Non-SMSA	1500	2.2	11.7	14.3	10.0	7.9	4.4	49.5

NOTE: See Appendix D for definition of variables in table.

TABLE 2-9

Marijuana: Trends in Use Prior to Tenth Grade by Subgroups

	Percent reporting first use prior to tenth grade[a]									
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	'82-'83 change
All seniors	17.2	22.7	26.7	28.2	30.4	31.4	34.1	35.0	33.5	-1.5
Sex:										
Male	19.4	26.8	31.1	31.7	33.9	36.1	37.4	38.7	39.0	+0.3
Female	14.6	18.5	22.2	24.6	26.7	27.2	30.4	31.1	28.4	-2.7
College Plans:										
None or under 4 yrs	NA	25.3	29.6	30.3	34.1	33.1	37.6	38.2	36.4	-1.8
Complete 4 yrs	NA	19.1	22.4	24.6	25.9	29.0	30.8	31.3	30.0	-1.3
Northeast	22.9	27.6	31.7	34.9	40.3	35.2	44.1	41.2	37.8	-3.4
North Central	15.4	21.0	24.7	27.7	29.3	32.1	33.4	36.2	34.6	-1.6
South	11.5	17.4	23.5	23.5	22.6	25.5	24.2	26.8	27.5	+0.7
West	24.4	29.4	29.8	29.9	32.7	35.6	40.6	38.3	36.5	-1.8
Population Density:										
Large SMSA	22.2	27.3	33.2	33.2	37.3	39.9	43.4	39.9	38.6	-1.3
Other SMSA	17.7	23.1	27.6	30.5	31.7	32.0	33.7	34.3	34.3	0.0
Non-SMSA	13.2	18.9	20.7	21.2	23.3	24.9	27.8	31.6	28.2	-3.4

NOTES: Level of significance of difference between the two classes:
s = .05, ss + .01, sss = .001.

Number of cases for all years can be found in Appendix C.

See Appendix D for definition of variables in table.

NA indicates data not available.

[a] This question was asked in one form only in 1975 and 1976 and in two forms in all subsequent years.

TABLE 2-10

Marijuana: Trends in Thirty-Day Prevalence of Daily Use by Subgroups

	Percent who used daily in last thirty days									
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	'82-'83 change
All seniors	6.0	8.2	9.1	10.7	10.3	9.1	7.0	6.3	5.5	-0.8s
Sex:										
Male	8.1	10.8	12.4	14.2	12.7	11.9	9.6	8.2	7.3	-0.9
Female	4.0	5.0	5.6	7.1	7.3	6.0	4.2	4.0	3.2	-0.8s
College Plans:										
None or under 4 yrs	NA	9.9	11.1	12.8	13.0	11.9	9.4	8.6	7.3	-1.3
Complete 4 yrs	NA	5.5	6.3	7.4	6.8	5.9	4.8	3.9	3.4	-0.5
Region:										
Northeast	6.7	10.2	9.9	14.5	13.6	11.1	9.1	8.0	6.9	-1.1
North Central	6.2	8.1	8.8	11.4	11.5	9.5	8.2	6.8	5.5	-1.3
South	5.0	6.7	9.1	8.5	7.0	7.5	4.5	4.8	4.5	-0.3
West	6.5	8.0	8.1	8.2	9.3	8.6	6.4	5.4	5.1	-0.3
Population Density:										
Large SMSA	8.4	10.7	9.5	12.7	10.6	10.3	8.3	7.9	7.3	-0.6
Other SMSA	5.9	8.2	10.0	10.9	11.3	9.5	7.1	6.0	5.7	-0.3
Non-SMSA	4.5	6.3	7.6	9.0	8.6	7.7	6.0	5.3	3.8	-1.5s

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 2-11

Marijuana: Trends in Degree and Duration of Feeling High

Q. *When you take marijuana or hashish how high do you usually get?*[a]	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983
PERCENT OF RECENT USERS:									
Not at all high	6.9	5.7	7.5	6.3	6.0	6.3	4.9	4.6	6.6
A little high	22.1	20.9	22.5	20.3	22.5	23.5	29.0	26.3	29.4
Moderately high	45.5	47.7	43.5	46.8	47.5	47.7	45.7	45.6	41.9
Very high	25.5	25.7	26.5	26.6	24.0	22.6	20.4	23.5	22.0
N =	(1142)	(1394)	(1685)	(1873)	(1606)	(1495)	(1607)	(1588)	(1366)
PERCENT OF ALL RESPONDENTS:									
No use in last 12 months	60.0	55.5	52.4	49.8	49.4	52.4	53.2	54.7	58.2
Not at all high	2.8	2.5	3.6	3.2	3.0	3.0	2.3	2.1	2.8
A little high	8.8	9.3	10.7	10.2	11.4	11.2	13.6	11.9	12.3
Moderately high	18.2	21.2	20.7	23.5	24.0	22.7	21.4	20.6	17.5
Very high	10.2	11.4	12.6	13.4	12.2	10.8	9.6	10.6	9.2
N =	(2855)	(3133)	(3540)	(3731)	(3175)	(3143)	(3437)	(3506)	(3268)

Q. *When you take marijuana or hashish how long do you usually stay high?*[a]	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983
PERCENT OF RECENT USERS:									
Usually don't get high	8.5	8.0	9.5	8.0	8.4	8.5	7.6	7.0	9.9
One to two hours	39.7	43.2	42.6	47.4	48.7	51.7	52.5	53.8	55.6
Three to six hours	45.4	43.7	42.7	39.0	37.4	35.0	35.7	34.2	30.4
Seven to 24 hours	5.9	4.9	4.7	5.1	5.0	4.1	4.0	4.5	3.5
More than 24 hours	0.5	0.2	0.6	0.5	0.5	0.7	0.2	0.5	0.6
N =	(1141)	(1389)	(1687)	(1873)	(1619)	(1500)	(1607)	(1593)	(1357)
PERCENT OF ALL RESPONDENTS:									
No use in last 12 months	60.0	55.5	52.4	49.8	49.2	52.3	53.2	54.6	58.4
Usually don't get high	3.4	3.6	4.5	4.0	4.3	4.0	3.6	3.2	4.1
One to two hours	15.9	19.2	20.3	23.8	24.7	24.6	24.5	24.4	23.1
Three to six hours	18.2	19.4	20.3	19.6	19.0	16.7	16.7	15.5	12.7
Seven to 24 hours	2.4	2.2	2.2	2.6	2.5	2.0	1.9	2.0	1.4
More than 24 hours	0.2	0.1	0.3	0.3	0.2	0.3	0.1	0.2	0.3
N =	(2853)	(3121)	(3544)	(3731)	(3188)	(3149)	(3437)	(3511)	(3259)

---

[a] These questions appear in just one form. They are asked only of respondents who report use of the drug in the prior twelve months (i.e., "recent users").

TABLE 2-12

Marijuana: Degree of Feeling High, Class of 1983

Q. When you take marijuana or hashish how high do you usually get?	Number of cases	Percent of recent users[a] saying: Not at all	A little	Moderately	Very
All seniors	1366	6.6	29.4	41.9	22.0
Sex:					
Male	672	6.3	27.7	44.5	21.5
Female	607	7.6	33.0	40.0	19.4
College Plans:					
None or under 4 yrs	521	6.5	28.6	42.7	22.2
Complete 4 yrs	638	8.2	32.0	40.8	19.0
Region:					
Northeast	385	7.6	30.7	37.4	24.4
North Central	370	7.7	30.9	41.9	19.5
South	384	5.9	30.3	42.6	21.3
West	226	4.5	23.6	48.5	23.4
Population Density:					
Large SMSA	396	6.2	29.4	38.0	26.4
Other SMSA	566	5.7	29.2	43.9	21.1
Non-SMSA	404	8.3	29.8	42.9	19.0

NOTE: See Appendix D for definition of variables.

[a] This question is asked in one form only; figures are based on all respondents who report use of the drug in the prior twelve months.

TABLE 2-13

Marijuana: Degree of Feeling High, Class of 1983

		Percent of all respondents[a] saying:				
Q. When you take marijuana or hashish how high do you usually get?	Number of cases	Did not use in last 12 months	Not at all	A little	Moderately	Very
All seniors	3268	58.2	2.8	12.3	17.5	9.2
Sex:						
Male	1533	56.2	2.8	12.1	19.5	9.4
Female	1598	62.0	2.9	12.5	15.2	7.4
College Plans:						
None or under 4 yrs	1195	56.4	2.8	12.5	18.6	9.7
Complete 4 yrs	1729	63.1	3.0	11.8	15.1	7.0
Region:						
Northeast	759	49.2	3.8	15.6	19.0	12.4
North Central	947	60.9	3.0	12.1	16.4	7.6
South	1050	63.4	2.1	11.1	15.6	7.8
West	513	55.8	2.0	10.4	21.4	10.3
Population Density:						
Large SMSA	844	53.0	2.9	13.8	17.8	12.4
Other SMSA	1355	58.2	2.4	12.2	18.4	8.8
Non-SMSA	1070	62.2	3.1	11.3	16.2	7.2

NOTE: See Appendix D for definition of variables.

[a] This question is asked in one form only; figures are based on all respondents, whether or not they use the drug.

TABLE 2-14

Marijuana: Duration of Feeling High, Class of 1983

		Percent of recent users[a] saying:				
Q. When you take marijuana or hashish how long do you usually stay high?	Number of cases	Usually don't get high	1-2 hours	3-6 hours	7-24 hours	More than 24 hours
All seniors	1357	9.9	55.6	30.4	3.5	0.6
Sex:						
Male	673	9.5	54.8	31.4	3.9	0.5
Female	599	10.4	58.3	27.7	2.9	0.6
College Plans:						
None or under 4 yrs	518	9.3	57.2	29.8	3.5	0.3
Complete 4 yrs	636	12.4	55.6	27.6	3.7	0.6
Region:						
Northeast	379	10.2	55.3	30.0	3.9	0.6
North Central	368	11.1	55.0	30.9	3.0	0.0
South	382	10.0	53.3	33.0	2.8	1.0
West	228	7.1	61.0	26.1	4.7	1.2
Population Density:						
Large SMSA	393	8.5	56.1	32.2	2.9	0.4
Other SMSA	558	9.3	55.6	30.2	4.2	0.7
Non-SMSA	405	12.0	55.1	29.1	3.1	0.8

NOTE: See Appendix D for definition of variables.

[a] This question is asked in one form only; figures are based on all respondents who report use of the drug in the prior twelve months.

BEST COPY AVAILABLE

TABLE 2-15

Marijuana: Duration of Feeling High, Class of 1983

Q. When you take marijuana or hashish how long do you usually stay high?	Number of cases	Percent of all respondents[a] saying: Did not use in last 12 months	Usually don't get high	1-2 hours	3-6 hours	7-24 hours	More than 24 hours
All seniors	3259	58.4	4.1	23.1	12.7	1.4	0.3
Sex:							
Male	1534	56.1	4.2	24.0	13.8	1.7	0.2
Female	1590	62.3	3.9	22.0	10.4	1.1	0.2
College Plans:							
None or under 4 yrs	1192	56.6	4.0	24.8	12.9	1.5	0.1
Complete 4 yrs	1726	63.2	4.6	20.5	10.2	1.4	0.2
Region:							
Northeast	752	49.6	5.1	27.9	15.1	2.0	0.3
North Central	945	61.1	4.3	21.4	12.1	1.2	0.0
South	1048	63.6	3.7	19.4	12.0	1.0	0.4
West	514	55.6	3.1	27.0	11.6	2.1	0.5
Population Density:							
Large SMSA	841	53.2	4.0	26.3	15.0	1.3	0.2
Other SMSA	1347	58.6	3.9	23.0	12.5	1.7	0.3
Non-SMSA	1071	62.2	4.5	20.8	11.0	1.2	0.3

NOTE: See Appendix D for definition of variables.

[a] This question is asked in one form only; figures are based on all respondents, whether or not they use the drug.

FIGURE 2-1

Marijuana: Trends in Lifetime Prevalence for Earlier Grade Levels
Based on Retrospective Reports from Seniors

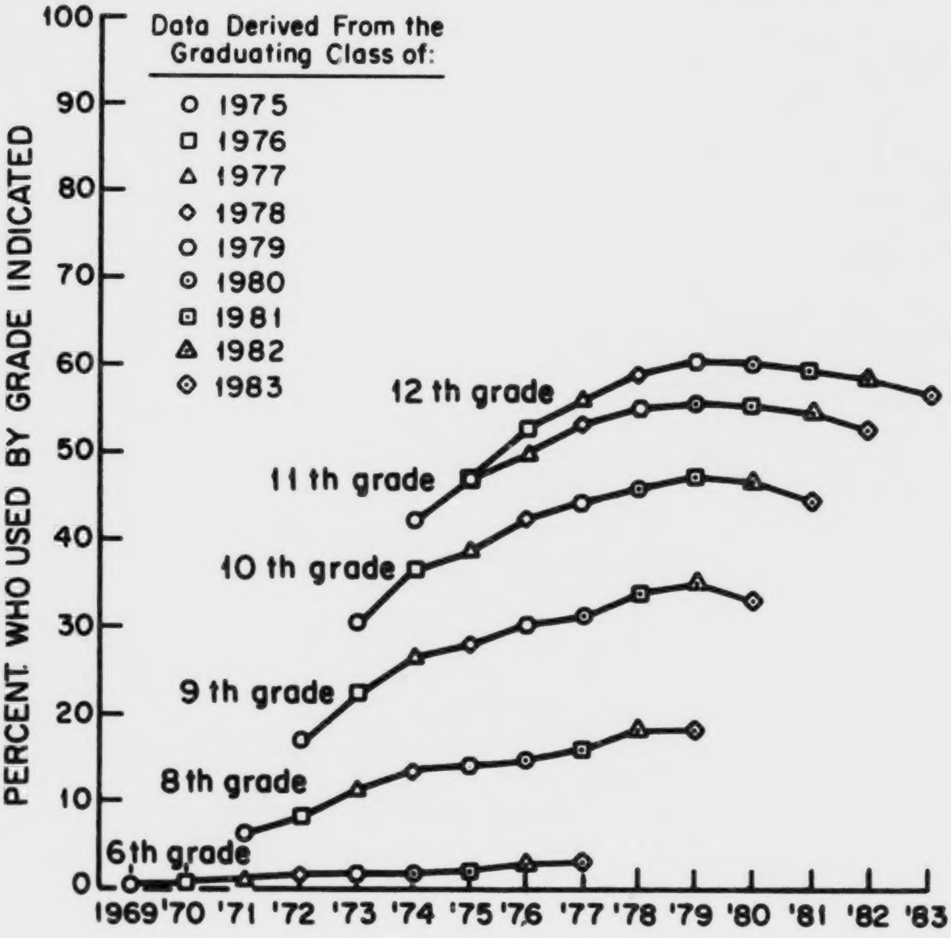
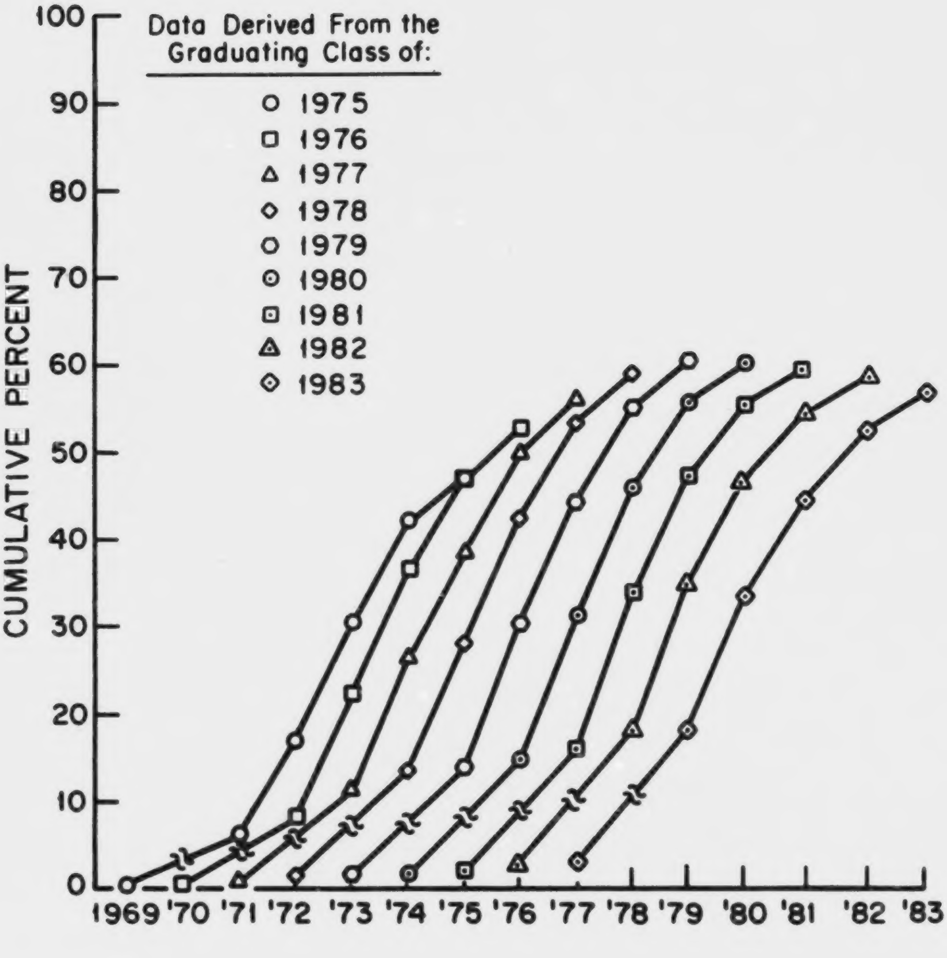


FIGURE 2-2

Marijuana: Cumulative Lifetime Prevalence for Each Graduating Class by Grade Level



NOTE: Each ascending curve represents the cumulative lifetime prevalence for a single graduating class, with the six sequential points demarcating (from left to right) the following grade levels: 6th, 8th, 9th, 10th, 11th, and 12th.

Chapter 3

INHALANTS

Inhalants constitute the only class of drug which is defined not in terms of pharmacological properties, but rather in terms of mode of administration. The definition includes any aerosol or gaseous fumes, other than smoke, which are inhaled for the purpose of making the users feel good or high or intoxicated. Glue, paint thinner, aerosols from spray cans, and many other classes of chemicals have been used by youngsters for this purpose. Questions on inhalants were added to the survey for the first time in 1976 at the suggestion of NIDA officials. Therefore, trend data are available only since then.

Two classes of inhalants which have come into more popular use in recent years are the amyl nitrites (known as "poppers" and "snappers") and butyl nitrities (known by such brand names as Locker Room, Rush, etc.). Questions specifically about these drugs were added in 1979. As we suspected, overall prevalence estimates for inhalant use were being understated, since some users of the nitrities were not reporting such use in answer to the more general questions about inhalants. Therefore, corrected estimates for inhalant use were introduced in 1979 and have been retained since.* Because trend data on the unadjusted version are available for a longer time, they are presented throughout. The adjusted statistics are also given for the years in which they are available, but only for the sample as a whole. When the adjusted statistics for subgroups show a different picture than that suggested by the unadjusted ones, that fact is noted in the text.

Prevalence of Use in 1983	Table(s)
Total Sample	
• Nearly one of every five seniors (or about 19%) has used an inhalant at some time. Approximately one in twelve (8.4%) has used an amyl and/or butyl nitrite specifically.	1,1a,2,2a
• However, most of these seniors have used inhalants only once or twice, indicating that they were only experimenting.	6,6a
• Only 6.7% have used inhalants in the prior year (3.6% used nitrities specifically), the majority of whom used them only once or twice; and only 2.7% report having used inhalants in the prior month (1.4% used nitrities specifically).	3,3a,4, 4a,5,5a
• Very few report having used on 20 or more occasions in their lifetime, and practically no one reports daily use during the previous 30-day interval.	6,6a

---

*The adjustments are made by first looking at the degree of underestimation of inhalant use (stated as a percent) which occurs in the subsample of respondents completing the one questionnaire form which asks explicitly about the nitrites, and then adding that percent to the percent who report use of inhalants in that form. The 4-form inhalant use figure is then increased by the same proportion as the single-form estimate.

Subgroup Differences

	Table(s)
• **Sex Differences**. Prevalence is substantially higher among males than females for all three time intervals (lifetime, annual, and 30-day). For example, 5.8% of the males report inhalant use in the last year vs. 2.8% of the females. (The adjusted statistics are 8.6% vs. 4.5%).	2,2a,3,3a, 4,4a,5,5a
• **College Plans**. Those not expecting to graduate from a four-year college also have slightly higher prevalence rates than those expecting to graduate. The annual prevalence rates are 4.7% and 3.9%, respectively (or 7.9% and 5.4% in the adjusted version).	2,2a,3,3a, 4,4a,5,5a
• **Region of the Country**. There are practically no regional differences in inhalant use, particularly after the corrections for nitrite use have been made. The corrected annual statistics are 6.6% in the West, 6.9% in the Northeast, 6.3% in the North Central, and 6.9% in the South.	2,2a,3,3a, 4,4a,5,5a
• **Population Density**. No appreciable differences emerge among the three population density groups in the prevalence of overall inhalant use; though nitrite use does tend to be lower than average in the non-metropolitan areas.	2,2a,3,3a, 4,4a,5,5a

Recent Trends in Prevalence

Total Sample

• Inhalant use had been rising steadily in the mid-1970's. Annual prevalence (in the unadjusted version) rose from 3.0% in 1976 to its peak of 5.4% in 1979.	2,2a,3,3a, 4,4a
• During the next two years annual use declined, due in large part to a substantial drop in the use of the amyl and butyl nitrites, for which annual prevalence declined from 6.5% in 1979 to 3.7% in 1981. Little further change occurred in 1982 and 1983.	3,3a
• It is interesting to note that while annual and 30-day prevalence both dropped for inhalants overall, between 1979 and 1981, there was little change in lifetime prevalence. In fact, by 1983 it stood at a higher level than in 1979. (This was not true for the nitrites, however, which *have* shown a drop in lifetime use.)	2,2a,3,4

Subgroup Differences in Trends

• No important subgroup differences in trends have been observed except that the drop in nitrite use after 1979 was most pronounced in the non-metropolitan areas.	2,2a,3,3a, 4,4a

Use at Earlier Grade Levels

	Table(s)
• The grade of first use figures, to be discussed below for inhalants, are unadjusted for known underreporting of the nitrites. This is because the questions regarding first use of the nitrites are on a different questionnaire form than those regarding first use of inhalants taken as a general class.	
• Among those who have tried inhalants, initial use tended to occur early for many—that is, prior to 10th grade. Trends in age at onset showed evidence of the beginning of a decline in inhalant use at the earlier grade levels during the last half of the seventies; however, the incidence of early onset (use prior to tenth grade) has been increasing since 1980.	7,9, Fig 1,2
• Data on early onset of nitrite use are available for 1980 onward. For the class of 1980, initial nitrite use was more than twice as likely to have occurred during the later grades (tenth through twelfth) as it was during the earlier grades. However, the proportions have shifted since 1980 such that currently nearly equal proportions are reporting initiation in the earlier grades and the later grades.	7a,9a Fig 1a
• Those groups showing higher than average prevalence rates in 12th grade—i.e., males and the noncollege-bound—also showed higher than average prevalence at earlier grade levels.	8,8a,9,9a

TABLE 3-1

Inhalants: Prevalence (Ever Used) and Recency of Use by Subgroups, Class of 1983

(Entries are percentages) [c]

	Number of Cases[a] (Approx.)	Ever used	Past month	Past year, not past month	Not past year	Never used
All seniors	13000	13.6	1.7	2.6	9.3	86.4
Adjusted[b]		18.8	2.7	4.0	12.1	81.2
Sex:						
Male	6200	16.6	2.4	3.4	10.8	83.4
Female	6400	10.4	0.9	1.9	7.6	89.6
College Plans:						
None or under 4 yrs	5000	14.9	1.9	2.8	10.2	85.1
Complete 4 yrs	7000	12.3	1.4	2.5	8.4	87.7
Region:						
Northeast	3100	13.0	1.8	3.2	8.0	87.0
North Central	3700	14.4	1.9	2.6	9.9	85.6
South	4200	12.4	1.4	2.4	8.6	87.6
West	2100	15.3	1.6	2.7	11.0	84.7
Population Density:						
Large SMSA	3400	13.8	1.8	3.0	9.0	86.2
Other SMSA	5400	13.4	1.6	2.8	9.0	86.6
Non-SMSA	4200	13.8	1.6	2.3	8.9	86.2

NOTE: See Appendix D for definition of variables in table.

---

[a] There are fewer total respondents for this drug because it was intentionally omitted from one form of the questionnaire.

[b] Adjusted for known underreporting of amyl and butyl nitrites. See text.

[c] All data are unadjusted for the underreporting of nitrites, except where otherwise noted.

TABLE 3-1a

Amyl/Butyl Nitrites: Prevalence (Ever Used) and Recency of Use by Subgroups, Class of 1983

(Entries are percentages)

	Number of Cases (Approx.)	Ever used	Past month	Past year, not past month	Not past year	Never used
All seniors	3300	8.4	1.4	2.2	4.8	91.6
Sex:						
Male	1600	11.9	2.2	2.7	7.0	88.1
Female	1600	5.2	0.5	1.9	2.8	94.8
College Plans:						
None or under 4 yrs	1300	10.5	2.3	2.0	6.2	89.5
Complete 4 yrs	1800	7.2	0.8	2.5	3.9	92.8
Region:						
Northeast	800	8.4	1.1	3.0	4.3	91.6
North Central	900	8.6	1.3	1.7	5.6	91.4
South	1100	9.0	2.0	2.3	4.7	91.0
West	500	6.9	0.6	2.4	3.9	93.1
Population Density:						
Large SMSA	800	9.4	1.3	2.7	5.4	90.6
Other SMSA	1400	9.3	2.4	2.0	4.9	90.7
Non-SMSA	1100	6.7	0.2	2.2	4.3	93.3

NOTE: See Appendix D for definition of variables in table.

TABLE 3-2

Inhalants: Trends in Lifetime Prevalence of Use by Subgroups

	Percent ever used[b]									
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	'82-'83 change
All seniors	NA	10.3	11.1	12.0	12.7	11.9	12.3	12.8	13.6	+0.8
Adjusted[a]	NA	NA	NA	NA	18.7	17.6	17.4	18.0	18.8	+0.8
Sex:										
Male	NA	12.6	14.1	14.7	15.4	14.2	15.3	15.3	16.6	+1.3
Female	NA	7.9	8.2	9.3	10.1	9.8	9.4	10.4	10.4	0.0
College Plans:										
None or under 4 yrs	NA	12.4	13.5	14.8	15.2	13.9	14.1	14.7	14.9	+0.2
Complete 4 yrs	NA	8.0	8.6	9.1	10.3	10.5	11.0	11.4	12.3	+0.9
Region:										
Northeast	NA	10.9	12.0	12.4	13.6	15.2	15.0	14.6	13.0	-1.6
North Central	NA	8.8	11.6	12.6	13.2	11.2	11.7	11.7	14.4	+2.7s
South	NA	11.3	10.6	11.4	11.7	10.3	10.3	11.9	12.4	+0.5
West	NA	10.1	9.5	11.1	12.1	11.5	13.1	13.7	15.3	+1.6
Population Density:										
Large SMSA	NA	9.9	10.2	10.9	10.8	13.2	12.2	12.5	13.8	+1.3
Other SMSA	NA	10.0	11.1	11.9	13.7	11.9	12.2	12.2	13.4	+1.2
Non-SMSA	NA	10.9	11.7	13.0	12.7	11.0	12.5	13.9	13.8	-0.1

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates question not asked.

[a] Adjusted for known underreporting of amyl and butyl nitrites (see text).

[b] All data are unadjusted for the underreporting of nitrites, except where otherwise noted.

TABLE 3-2a

Amyl/Butyl Nitrites: Trends in Lifetime Prevalence of Use by Subgroups

	Percent ever used									
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	'82-'83 change
All seniors	NA	NA	NA	NA	11.1	11.1	10.1	9.8	8.4	-1.4
Sex:										
Male	NA	NA	NA	NA	15.3	15.3	13.0	12.4	11.9	-0.5
Female	NA	NA	NA	NA	7.3	7.1	7.1	7.3	5.2	-2.1
College Plans:										
None or under 4 yrs	NA	NA	NA	NA	14.4	14.2	11.2	10.7	10.5	-0.2
Complete 4 yrs	NA	NA	NA	NA	8.6	9.0	9.3	9.1	7.2	-1.9
Region:										
Northeast	NA	NA	NA	NA	13.8	14.2	13.3	11.2	8.4	-2.8
North Central	NA	NA	NA	NA	10.1	10.6	10.5	10.1	8.6	-1.5
South	NA	NA	NA	NA	11.6	11.3	7.9	9.5	9.0	-0.5
West	NA	NA	NA	NA	8.4	8.0	9.5	7.4	6.9	-0.5
Population Density:										
Large SMSA	NA	NA	NA	NA	12.9	12.3	10.1	10.1	9.4	-0.7
Other SMSA	NA	NA	NA	NA	10.9	11.6	11.0	10.4	9.3	-1.1
Non-SMSA	NA	NA	NA	NA	10.2	9.7	9.2	8.8	6.7	-2.1

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 3-3

Inhalants: Trends in Annual Prevalence of Use by Subgroups

	Percent who used in last twelve months[b]									
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	'82-'83 change
All seniors	NA	3.0	3.7	4.1	5.4	4.6	4.1	4.5	4.3	-0.2
Adjusted[a]	NA	NA	NA	NA	9.2	7.8	6.0	6.6	6.7	+0.1
Sex:										
Male	NA	3.8	5.1	5.6	6.7	5.9	5.1	5.8	5.8	0.0
Female	NA	2.0	2.4	2.8	4.2	3.5	3.2	3.1	2.8	-0.3
College Plans:										
None or under 4 yrs	NA	3.6	4.7	5.0	6.3	5.0	4.3	4.9	4.7	-0.2
Complete 4 yrs	NA	2.2	2.9	3.4	4.5	4.3	4.0	4.1	3.9	-0.2
Region:										
Northeast	NA	3.2	4.1	4.4	6.4	6.0	5.2	6.2	5.0	-1.2
North Central	NA	2.6	4.2	4.8	5.9	4.6	3.8	3.6	4.5	+0.9
South	NA	3.8	3.3	3.6	4.3	3.4	3.2	3.8	3.8	0.0
West	NA	1.7	3.0	3.6	4.9	4.9	4.7	4.4	4.3	-0.1
Population Density:										
Large SMSA	NA	2.9	3.4	3.4	5.1	5.7	4.7	5.5	4.8	-0.7
Other SMSA	NA	2.6	3.6	3.7	4.8	4.2	4.0	3.9	4.4	+0.5
Non-SMSA	NA	3.4	4.2	5.3	6.2	4.4	3.7	4.4	3.9	-0.5

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

[a] Adjusted for known underreporting of amyl and butyl nitrites (see text).

[b] All data are unadjusted for the underreporting of nitrites, except where otherwise noted.

TABLE 3-3a

Amyl/Butyl Nitrites: Trends in Annual Prevalence of Use by Subgroups

	Percent who used in last twelve months									
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	'82-'83 change
All seniors	NA	NA	NA	NA	6.5	5.7	3.7	3.6	3.6	0.0
Sex:										
Male	NA	NA	NA	NA	9.3	7.5	5.1	5.0	4.9	-0.1
Female	NA	NA	NA	NA	4.0	3.9	2.3	2.3	2.4	+0.1
College Plans:										
None or under 4 yrs	NA	NA	NA	NA	8.9	7.4	4.4	3.7	4.3	+0.6
Complete 4 yrs	NA	NA	NA	NA	4.9	4.6	3.4	3.5	3.3	-0.2
Region:										
Northeast	NA	NA	NA	NA	8.3	7.5	4.0	4.6	4.1	-0.5
North Central	NA	NA	NA	NA	6.0	4.5	3.3	2.8	3.0	+0.2
South	NA	NA	NA	NA	7.2	6.6	3.9	3.7	4.3	+0.6
West	NA	NA	NA	NA	3.8	4.1	3.9	3.2	3.0	-0.2
Population Density:										
Large SMSA	NA	NA	NA	NA	7.3	5.8	3.4	3.8	4.0	+0.2
Other SMSA	NA	NA	NA	NA	5.8	5.9	4.5	4.2	4.4	+0.2
Non-SMSA	NA	NA	NA	NA	6.9	5.4	3.1	2.7	2.4	-0.3

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 3-4

Inhalants: Trends in Thirty-Day Prevalence of Use by Subgroups

	Percent who used in last thirty days[b]									
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	'82-'83 change
All seniors	NA	0.9	1.3	1.5	1.7	1.4	1.5	1.5	1.7	+0.2
Adjusted[a]	NA	NA	NA	NA	3.1	2.7	2.3	2.5	2.7	+0.2
Sex:										
Male	NA	1.3	1.9	2.1	2.2	1.8	1.9	2.0	2.4	+0.4
Female	NA	0.5	0.7	0.9	1.3	1.0	1.1	1.1	0.9	-0.2
College Plans:										
None or under 4 yrs	NA	1.1	1.8	2.0	1.9	1.5	1.6	1.7	1.9	+0.2
Complete 4 yrs	NA	0.7	0.9	1.0	1.6	1.3	1.5	1.4	1.4	0.0
Region:										
Northeast	NA	1.2	1.3	1.6	1.7	1.4	1.9	2.0	1.8	-0.2
North Central	NA	0.8	1.4	1.6	1.9	1.7	1.5	1.3	1.9	+0.6
South	NA	0.9	1.1	1.4	1.4	1.3	1.2	1.6	1.4	-0.2
West	NA	0.7	1.5	1.2	1.8	0.9	1.7	1.0	1.6	+0.6
Population Density:										
Large SMSA	NA	1.0	1.1	1.5	1.7	1.4	2.1	2.0	1.8	-0.2
Other SMSA	NA	0.8	1.3	1.2	1.8	1.1	1.3	1.3	1.6	+0.3
Non-SMSA	NA	0.9	1.6	1.9	1.7	1.6	1.3	1.4	1.6	+0.2

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

[a] Adjusted for known underreporting of amyl and butyl nitrites (see text).

[b] All data are unadjusted for the underreporting of nitrites, except where otherwise noted.

TABLE 3-4a

Amyl/Butyl Nitrites: Trends in Thirty-Day Prevalence of Use by Subgroups

	Percent who used in last thirty days									
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	'82-'83 change
All seniors	NA	NA	NA	NA	2.4	1.8	1.4	1.1	1.4	+0.3
Sex:										
Male	NA	NA	NA	NA	3.4	2.4	2.2	2.1	2.2	+0.1
Female	NA	NA	NA	NA	1.3	1.0	0.6	0.2	0.5	+0.3
College Plans:										
None or under 4 yrs	NA	NA	NA	NA	3.1	2.5	2.1	1.3	2.3	+1.0
Complete 4 yrs	NA	NA	NA	NA	1.8	1.3	1.0	1.0	0.8	-0.2
Region:										
Northeast	NA	NA	NA	NA	2.5	2.4	0.9	1.2	1.1	-0.1
North Central	NA	NA	NA	NA	1.9	1.0	1.6	0.8	1.3	+0.5
South	NA	NA	NA	NA	3.1	2.5	1.4	1.3	2.0	+0.7
West	NA	NA	NA	NA	1.8	1.1	1.7	1.2	0.6	-0.6
Population Density:										
Large SMSA	NA	NA	NA	NA	2.6	1.2	1.3	1.0	1.3	+0.3
Other SMSA	NA	NA	NA	NA	1.5	1.7	1.5	1.4	2.4	+1.0
Non-SMSA	NA	NA	NA	NA	3.3	2.3	1.4	0.8	0.2	-0.6

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 3-5

Inhalants: Frequency of Use in the Last Year by Subgroups, Class of 1983

(Entries are percentages)[a]

		Number of occasions in last 12 months						
	Number of Cases (Approx.)	None	1-2	3-5	6-9	10-19	20-39	40+
All seniors	13000	95.7	2.6	0.6	0.5	0.3	0.1	0.2
Sex:								
Male	6200	94.2	3.4	0.7	0.8	0.4	0.1	0.3
Female	6400	97.2	1.6	0.5	0.3	0.2	0.1	0.0
College Plans:								
None or under 4 yrs	5000	95.3	2.8	0.6	0.4	0.4	0.1	0.3
Complete 4 yrs	7000	96.1	2.3	0.6	0.5	0.2	0.1	0.2
Region:								
Northeast	3100	95.0	2.8	1.0	0.6	0.4	0.1	0.2
North Central	3700	95.5	2.7	0.5	0.4	0.4	0.2	0.3
South	4200	96.2	2.4	0.5	0.5	0.2	0.1	0.1
West	2100	95.7	2.4	0.8	0.8	0.2	0.1	0.2
Population Density:								
Large SMSA	3400	95.2	2.8	0.6	0.6	0.4	0.1	0.3
Other SMSA	5400	95.6	2.5	0.7	0.6	0.3	0.1	0.1
Non-SMSA	4200	96.1	2.4	0.6	0.4	0.2	0.1	0.2

NOTE: See Appendix D for definition of variables in table.

[a] All data are unadjusted for the underreporting of nitrites.

TABLE 3-5a

Amyl/Butyl Nitrites: Frequency of Use in the Last Year by Subgroups, Class of 1983

(Entries are percentages)

		Number of occasions in last 12 months						
	Number of Cases (Approx.)	None	1-2	3-5	6-9	10-19	20-39	40+
All seniors	3300	96.4	2.3	0.7	0.2	0.1	0.1	0.2
Sex:								
Male	1600	95.1	3.3	0.7	0.4	0.2	0.3	0.1
Female	1600	97.6	1.5	0.7	0.1	0.0	0.0	0.2
College Plans:								
None or under 4 yrs	1300	95.7	2.6	0.7	0.2	0.2	0.2	0.4
Complete 4 yrs	1800	96.7	2.2	0.7	0.2	0.0	0.1	0.0
Region:								
Northeast	800	95.9	2.5	1.1	0.3	0.0	0.0	0.2
North Central	900	97.0	1.8	0.3	0.5	0.1	0.0	0.3
South	1100	95.7	3.0	0.6	0.0	0.2	0.4	0.0
West	500	97.0	1.9	1.0	0.1	0.0	0.0	0.0
Population Density:								
Large SMSA	800	96.0	2.8	0.9	0.1	0.0	0.1	0.1
Other SMSA	1400	95.6	2.2	1.0	0.4	0.2	0.2	0.4
Non-SMSA	1100	97.6	2.2	0.1	0.1	0.0	0.0	0.0

NOTE: See Appendix D for definition of variables in table.

TABLE 3-6

Inhalants: Trends in Frequency of Use for Lifetime, Last Year, and Last Thirty Days and in Probability of Future Use

(Entries are percentages)

	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983
Lifetime use									
No occasion	NA	89.7	88.9	88.0	87.3	88.1	87.7	87.2	86.4
1-2 occasions	NA	6.4	6.6	7.0	7.6	7.2	7.5	7.5	8.6
3-5 occasions	NA	1.7	1.8	2.0	2.0	2.0	2.2	2.5	2.3
6-9 occasions	NA	0.8	1.1	1.1	1.1	1.1	1.1	1.1	1.1
10-19 occasions	NA	0.7	0.7	0.8	1.0	0.8	0.7	0.7	0.7
20-39 occasions	NA	0.3	0.4	0.4	0.5	0.4	0.2	0.3	0.4
40 or more	NA	0.4	0.4	0.6	0.5	0.5	0.5	0.7	0.5
N =	(NA)	(12827)	(14186)	(14648)	(12892)	(12793)	(14230)	(14273)	(13153)
Use in last twelve months									
No occasions	NA	97.0	96.3	95.9	94.6	95.4	95.9	95.5	95.7
1-2 occasions	NA	1.8	2.3	2.3	2.9	2.7	2.3	2.6	2.6
3-5 occasions	NA	0.6	0.7	0.8	1.2	0.9	0.8	0.9	0.6
6-9 occasions	NA	0.2	0.3	0.4	0.6	0.4	0.4	0.4	0.5
10-19 occasions	NA	0.2	0.2	0.3	0.3	0.3	0.3	0.3	0.3
20-39 occasions	NA	0.1	0.1	0.1	0.2	0.1	0.1	0.1	0.1
40 or more	NA	0.1	0.1	0.2	0.2	0.2	0.2	0.2	0.2
N =	(NA)	(12809)	(14160)	(14623)	(12882)	(12776)	(14218)	(14262)	(13135)
Use in last thirty days									
No occasions	NA	99.1	98.7	98.5	98.3	98.6	98.5	98.5	98.3
1-2 occasions	NA	0.6	0.9	0.9	1.2	0.9	1.0	0.9	1.0
3-5 occasions	NA	0.1	0.2	0.3	0.3	0.2	0.2	0.2	0.3
6-9 occasions	NA	0.0	0.1	0.1	0.1	0.1	0.2	0.1	0.2
10-19 occasions	NA	0.0	0.0	0.1	0.1	0.1	0.1	0.1	0.1
20-39 occasions	NA	0.0	0.0	0.0	0.2	0.1	0.1	0.0	0.1
40 or more	NA	0.0	0.0	0.1	0.0	0.0	0.0	0.1	0.0
N =	(NA)	(12800)	(14159)	(14617)	(12874)	(12768)	(14218)	(14254)	(13127)
Probability of future use									
Definitely will not	NA	NA	NA	NA	NA	NA	NA	NA	NA
Probably will not	NA	NA	NA	NA	NA	NA	NA	NA	NA
Probably will	NA	NA	NA	NA	NA	NA	NA	NA	NA
Definitely will	NA	NA	NA	NA	NA	NA	NA	NA	NA
N =	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)

NOTE: NA indicates question not asked.

[a] All data are unadjusted for the underreporting of nitrites.

TABLE 3-6a

Amyl/Butyl Nitrites: Trends in Frequency of Use for Lifetime, Last Year, and Last Thirty Days and in Probability of Future Use

(Entries are percentages)

	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983
Lifetime use									
No occasion	NA	NA	NA	NA	88.9	88.9	89.9	90.2	91.6
1-2 occasions	NA	NA	NA	NA	6.0	5.8	5.6	6.3	4.8
3-5 occasions	NA	NA	NA	NA	2.0	2.1	2.3	1.6	1.6
6-9 occasions	NA	NA	NA	NA	1.2	1.2	0.5	0.7	1.0
10-19 occasions	NA	NA	NA	NA	0.7	0.9	0.7	0.7	0.4
20-39 occasions	NA	NA	NA	NA	0.5	0.4	0.7	0.2	0.2
40 or more	NA	NA	NA	NA	0.7	0.8	0.4	0.4	0.4
N =	(NA)	(NA)	(NA)	(NA)	(2905)	(2907)	(3222)	(3223)	(2982)
Use in last twelve months									
No occasions	NA	NA	NA	NA	93.5	94.3	96.3	96.4	96.4
1-2 occasions	NA	NA	NA	NA	3.5	3.2	2.3	2.2	2.3
3-5 occasions	NA	NA	NA	NA	1.2	0.9	0.4	0.6	0.7
6-9 occasions	NA	NA	NA	NA	0.8	0.6	0.4	0.3	0.2
10-19 occasions	NA	NA	NA	NA	0.5	0.4	0.3	0.2	0.1
20-39 occasions	NA	NA	NA	NA	0.2	0.2	0.1	0.2	0.1
40 or more	NA	NA	NA	NA	0.3	0.3	0.2	0.0	0.2
N =	(NA)	(NA)	(NA)	(NA)	(2894)	(2905)	(3219)	(3220)	(2979)
Use in last thirty days									
No occasions	NA	NA	NA	NA	97.6	98.2	98.6	98.9	98.6
1-2 occasions	NA	NA	NA	NA	1.5	1.2	0.7	0.7	0.8
3-5 occasions	NA	NA	NA	NA	0.4	0.2	0.3	0.3	0.1
6-9 occasions	NA	NA	NA	NA	0.3	0.1	0.2	0.1	0.2
10-19 occasions	NA	NA	NA	NA	0.1	0.1	0.1	0.1	0.0
20-39 occasions	NA	NA	NA	NA	0.0	0.0	0.0	0.0	0.1
40 or more	NA	NA	NA	NA	0.0	0.1	0.1	0.0	0.1
N =	(NA)	(NA)	(NA)	(NA)	(2893)	(2906)	(3219)	(3221)	(2981)
Probability of future use									
Definitely will not	NA	NA	NA	NA	NA	NA	NA	NA	NA
Probably will not	NA	NA	NA	NA	NA	NA	NA	NA	NA
Probably will	NA	NA	NA	NA	NA	NA	NA	NA	NA
Definitely will	NA	NA	NA	NA	NA	NA	NA	NA	NA
N =	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)

NOTE: NA indicates question not asked.

TABLE 3-7

Inhalants: Trends in Grade in Which First Used

	Percent reporting first use in each grade [b]								
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983
Sixth grade (or below)	NA	NA	NA	1.7	1.3	1.4	1.7	2.1	2.4
Seventh or Eighth grade	NA	NA	NA	3.0	3.5	2.4	2.5	3.4	3.3
Ninth grade	NA	NA	NA	2.9	1.3	1.9	2.8	2.3	2.4
Tenth grade	NA	NA	NA	1.7	2.7	2.5	2.0	2.6	1.7
Eleventh grade	NA	NA	NA	1.7	2.2	2.0	1.7	0.9	1.9
Twelfth grade	NA	NA	NA	1.1	1.7	1.7	1.7	1.5	1.7
Never used	NA	NA	NA	88.0	87.3	88.1	87.7	87.2	86.4
N[a] =	(NA)	(NA)	(NA)	(2801)	(2526)	(2596)	(2896)	(2823)	(2551)

NOTE: NA indicates data not available.

[a] This question was asked in one form only, beginning in 1978.

[b] All data are unadjusted for the underreporting of nitrites.

TABLE 3-7a

Amyl/Butyl Nitrites: Trends in Grade in Which First Used

	Percent reporting first use in each grade								
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983
Sixth grade (or below)	NA	NA	NA	NA	NA	0.1	0.1	0.1	0.7
Seventh or Eighth grade	NA	NA	NA	NA	NA	1.2	1.1	1.6	1.5
Ninth grade	NA	NA	NA	NA	NA	2.2	2.7	2.7	2.2
Tenth grade	NA	NA	NA	NA	NA	2.6	3.1	2.3	1.2
Eleventh grade	NA	NA	NA	NA	NA	3.2	1.8	2.3	1.9
Twelfth grade	NA	NA	NA	NA	NA	1.8	1.2	0.8	0.9
Never used	NA	NA	NA	NA	NA	88.9	89.9	90.2	91.6
N[a] =	(NA)	(NA)	(NA)	(NA)	(NA)	(2775)	(3101)	(3223)	(2881)

NOTE: NA indicates data not available.

[a] This question was asked in one form only, beginning in 1980.

TABLE 3-8

Inhalants: Grade in Which First Used by Subgroups, Class of 1983

(Entries are percentages) [a]

		Grade in school						
	Number of Cases (Approx.)	6 or below	7/8	9	10	11	12	Never used
All seniors	3000	2.4	3.3	2.4	1.7	1.9	1.7	86.4
Sex:								
Male	1400	2.3	4.0	3.7	1.7	2.6	2.3	83.4
Female	1500	2.3	2.4	1.4	1.7	1.6	1.0	89.6
College Plans:								
None or under 4 yrs	1100	2.8	3.9	2.6	1.7	2.2	1.7	85.1
Complete 4 yrs	1700	1.9	2.8	2.3	1.8	1.8	1.8	87.7
Region:								
Northeast	700	3.0	3.0	3.2	1.8	0.9	1.2	87.0
North Central	900	2.7	2.9	2.0	2.5	1.9	2.4	85.6
South	950	1.3	3.1	2.1	1.7	2.3	1.9	87.6
West	450	3.3	4.9	2.7	0.2	3.0	1.3	84.7
Population Density:								
Large SMSA	800	2.1	3.8	1.5	1.8	2.6	2.0	86.2
Other SMSA	1200	2.5	3.5	2.5	1.0	1.7	2.2	86.6
Non-SMSA	1000	2.6	2.8	3.0	2.6	2.0	1.0	86.2

NOTE: See Appendix D for definition of variables in table.

[a] All data are unadjusted for the underreporting of nitrites.

TABLE 3-8a

Nitrites: Grade in Which First Used by Subgroups, Class of 1983

(Entries are percentages)

		Grade in school						
	Number of Cases (Approx.)	6 or below	7/8	9	10	11	12	Never used
All seniors	3000	0.7	1.5	2.2	1.2	1.9	0.9	91.6
Sex:								
Male	1400	0.9	2.6	3.1	1.8	2.2	1.3	88.1
Female	1500	0.4	0.5	1.4	0.8	1.7	0.4	94.8
College Plans:								
None or under 4 yrs	1100	1.2	1.5	3.1	0.7	2.8	1.2	89.5
Complete 4 yrs.	1700	0.4	1.6	1.6	1.6	1.4	0.7	92.8
Region:								
Northeast	700	0.6	2.9	1.9	1.0	1.3	0.6	91.6
North Central	900	0.8	0.7	3.5	1.1	2.0	0.4	91.4
South	950	0.5	1.7	1.6	1.5	2.4	1.2	91.0
West	450	0.6	0.3	1.5	1.2	1.5	1.8	93.1
Population Density:								
Large SMSA	800	0.8	2.7	2.0	1.2	1.6	1.1	90.6
Other SMSA	1200	0.6	1.5	2.1	1.5	2.0	1.5	90.7
Non-SMSA	1000	0.5	0.5	2.4	0.9	2.3	0.2	93.3

NOTE: See Appendix D for definition of variables in table.

TABLE 3-9

Inhalants: Trends in Use Prior to Tenth Grade by Subgroups

	Percent reporting first use prior to tenth grade[a, b]									
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	'82-'83 change
All seniors	NA	NA	NA	7.6	6.1	5.7	7.0	7.8	8.1	+0.3
Sex:										
Male	NA	NA	NA	9.5	7.3	5.4	8.8	8.8	10.0	+1.2
Female	NA	NA	NA	5.8	5.0	5.8	5.4	6.6	6.1	-0.5
College Plans:										
None or under 4 yrs	NA	NA	NA	9.8	7.8	6.4	9.8	10.4	9.3	-1.1
Complete 4 yrs	NA	NA	NA	5.7	4.2	5.0	5.1	5.7	7.0	+1.3s
Region:										
Northeast	NA	NA	NA	6.8	6.2	5.2	7.8	9.1	9.2	+0.1
North Central	NA	NA	NA	8.5	6.2	6.1	7.4	7.2	7.6	+0.4
South	NA	NA	NA	7.2	6.1	5.0	5.9	6.9	6.5	-0.4
West	NA	NA	NA	7.8	5.8	5.6	6.6	7.7	10.9	+3.2s
Population Density:										
Large SMSA	NA	NA	NA	6.3	5.6	5.4	4.6	6.7	7.4	+0.7
Other SMSA	NA	NA	NA	7.5	7.3	6.4	7.2	7.8	8.5	+0.7
Non-SMSA	NA	NA	NA	8.6	4.7	4.6	8.9	8.6	8.4	-0.2

NOTES: Level of significance of difference between the two most recent lcasses:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C.

See Appendix D for definition of variables in table.

NA indicates data not available.

[a] This question was asked in one form only, beginning in 1978.

[b] All data are unadjusted for the underreporting of nitrites.

TABLE 3-9a

Nitrites: Trends in Use Prior to Tenth Grade by Subgroups

	Percent reporting first use prior to tenth grade[a]									
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	'82-'83 change
All seniors	NA	NA	NA	NA	NA	3.5	3.9	4.4	4.4	0.0
Sex:										
Male	NA	NA	NA	NA	NA	5.5	5.1	5.3	6.6	+1.3
Female	NA	NA	NA	NA	NA	1.6	2.7	3.6	2.3	-1.3
College Plans:										
None or under 4 yrs	NA	NA	NA	NA	NA	5.1	4.8	5.2	5.8	+0.6
Complete 4 yrs	NA	NA	NA	NA	NA	2.4	3.6	4.0	3.6	-0.4
Region:										
Northeast	NA	NA	NA	NA	NA	5.3	5.9	4.5	5.4	+0.9
North Central	NA	NA	NA	NA	NA	3.4	4.3	4.9	5.0	+0.1
South	NA	NA	NA	NA	NA	3.2	3.0	4.8	3.8	-1.0
West	NA	NA	NA	NA	NA	2.4	3.3	3.2	2.4	-0.8
Population Density:										
Large SMSA	NA	NA	NA	NA	NA	3.7	3.2	4.5	5.5	1.0
Other SMSA	NA	NA	NA	NA	NA	3.6	4.6	5.5	4.2	-1.3
Non-SMSA	NA	NA	NA	NA	NA	3.3	4.2	3.2	3.4	+0.2

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C.

See Appendix D for definition of variables in table

NA indicates data not available.

[a] This question was asked in one form only, beginning in 1980.

FIGURE 3-1

Inhalants: Trends in Lifetime Prevalence for Earlier Grade Levels
Based on Retrospective Reports from Seniors

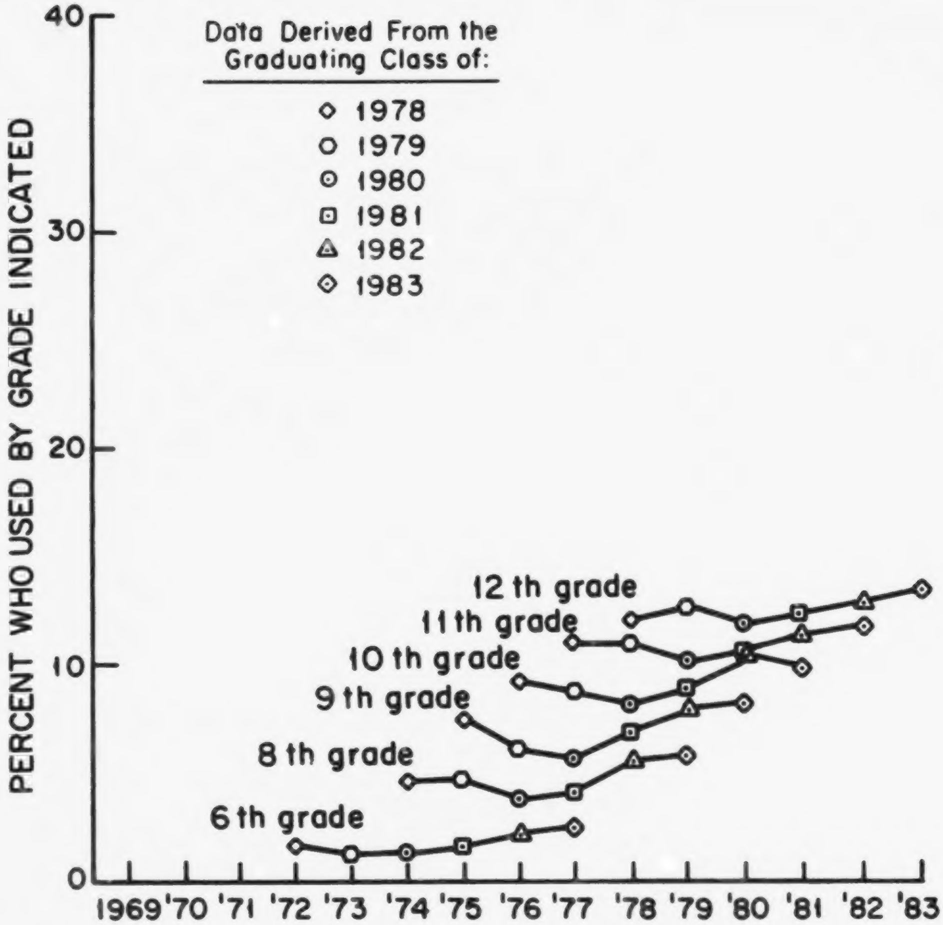


FIGURE 3-1a

Nitrites: Trends in Lifetime Prevalence for Earlier Grade Levels
Based on Retrospective Reports from Seniors

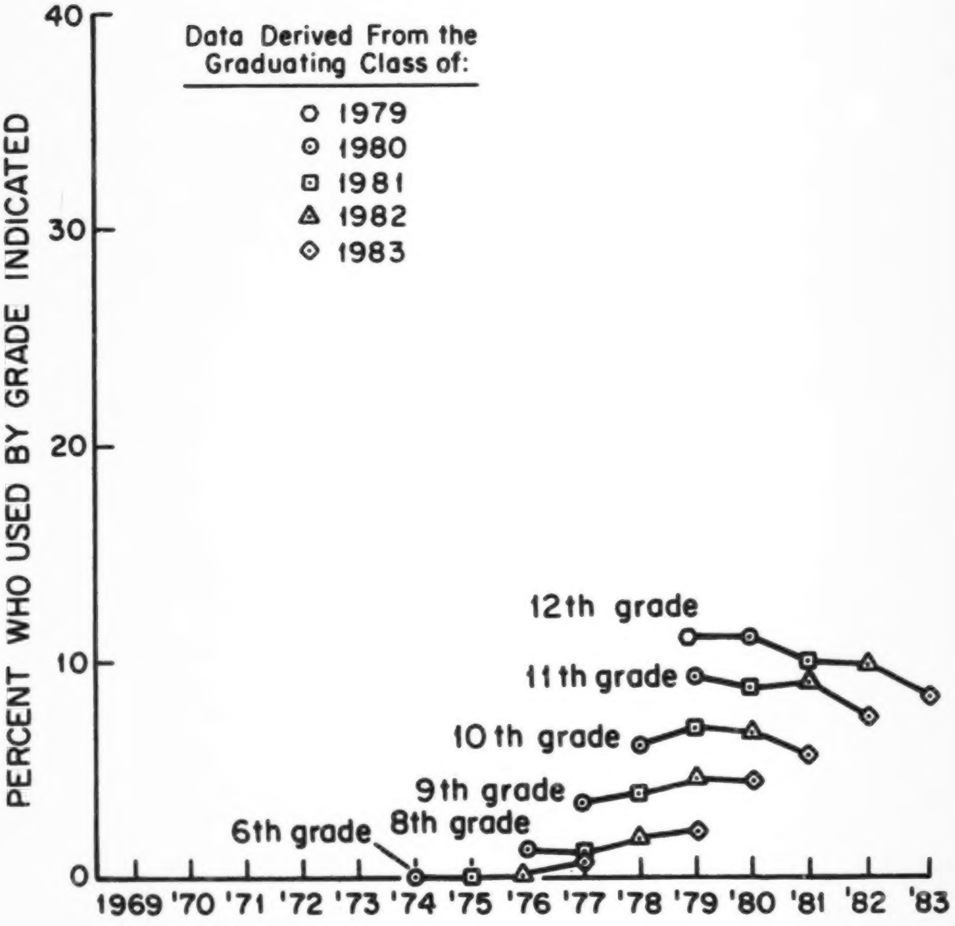
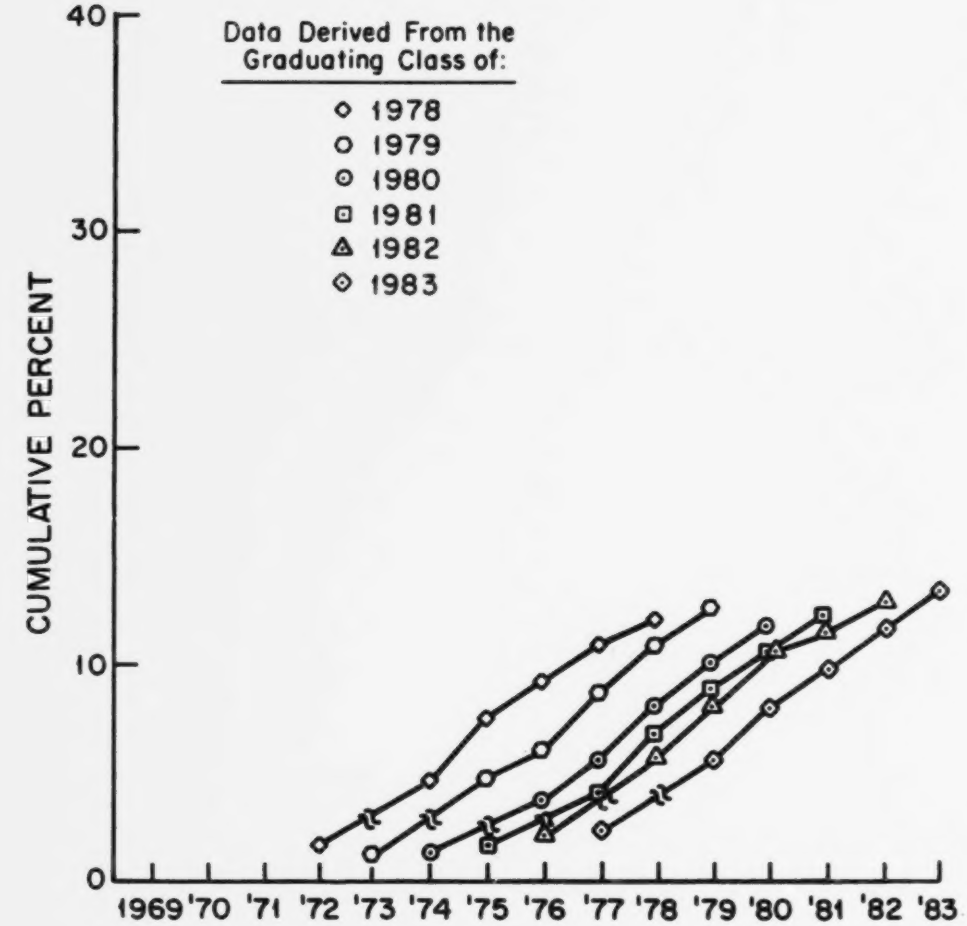


FIGURE 3-2

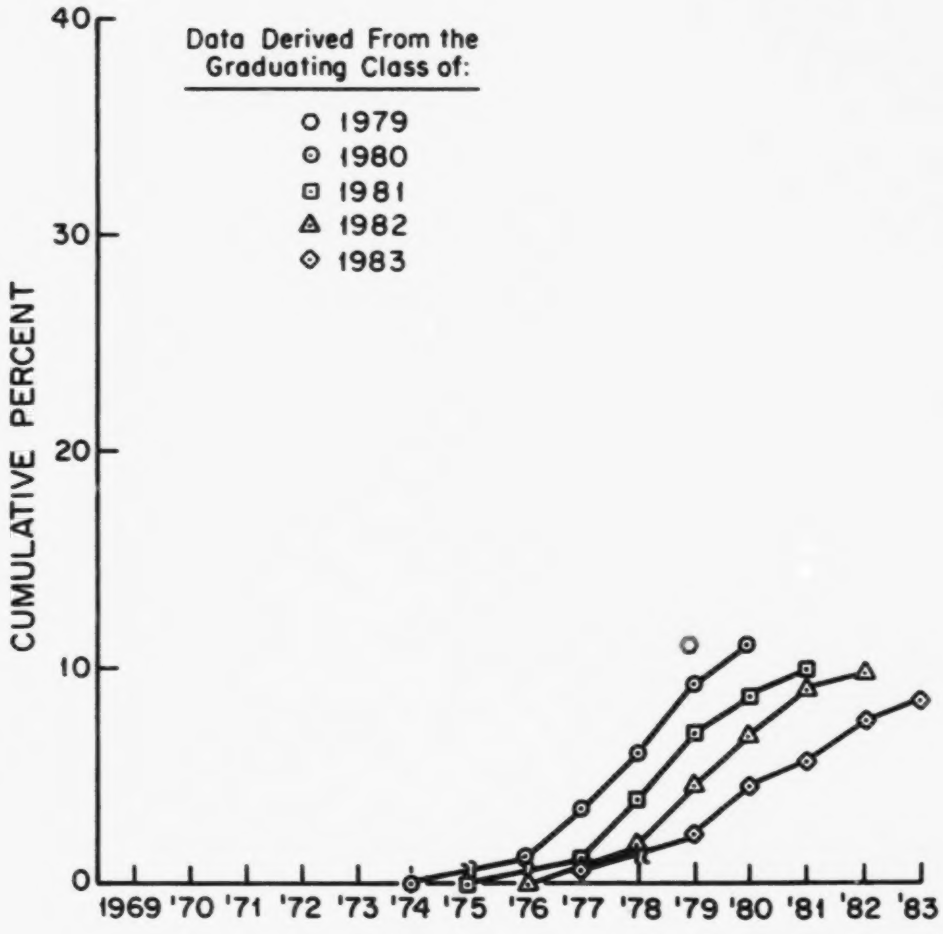
Inhalants: Cumulative Lifetime Prevalence for Each Graduating Class by Grade Level



NOTE: Each ascending curve represents the cumulative lifetime prevalence for a single graduating class, with the six sequential points demarcating (from left to right) the following grade levels: 6th, 8th, 9th, 10th, 11th, and 12th.

FIGURE 3-2a

Nitrites: Cumulative Lifetime Prevalence for Each Graduating Class by Grade Level



NOTE: Each ascending curve represents the cumulative lifetime prevalence for a single graduating class, with the six sequential points demarcating (from left to right) the following grade levels: 6th, 8th, 9th, 10th, 11th, and 12th.

Chapter 4

HALLUCINOGENS

The Monitoring the Future questionnaires ask separately about "LSD" and "other psychedelics." (See Appendix D for the exact question wordings.) In this series of reports "LSD" and "other psychedelics" data are combined and presented under the general title of hallucinogens (which is synonymous with psychedelics) in order to heighten the comparability with the reports from the national household survey on drug use. (The national household survey does not differentiate LSD from other psychedelics and uses the general term hallucinogens to denote this class of drugs.)

While there are various drugs which have hallucinogenic properties, it is generally accepted that the specific hallucinogenic drug a user acquires often is not what he or she believes it to be. LSD and PCP, for example, may be passed off to unsuspecting customers as THC, peyote, or mescaline. Thus, the ability of respondents to report accurately which of the hallucinogens they actually used on various occasions is somewhat limited, which strengthens the case for grouping hallucinogens into a single category.

Because PCP (phencyclidine) appeared to be rising in popularity in the late 1970's, and because it gave rise to some considerable concern among health authorities, beginning in 1979 we added some specific questions about its use on a single questionnaire form. It was then that we discovered that the self-reported use of "hallucinogens other than LSD" was artificially low, because some PCP users were not reporting themselves as users of "hallucinogens other than LSD." (This happened in spite of the fact that PCP was stated explicitly as an example of the drugs which should be included in the category; see Johnston (1982) for a discussion of this problem.) As a result, we provide here figures for the general "hallucinogens" category which are adjusted for the known underreporting of PCP.* As will be seen, the underestimation was greatest when PCP use was at its highest levels.

Prevalence of Use in 1983	Table(s)
Total Sample	
● Approximately one out of every seven of this year's seniors has used a hallucinogen at some time (i.e., a lifetime prevalence of about 15%). Slightly more had tried LSD (8.9%) than had tried PCP (5.6%). During the previous twelve months 9.3% had used one or more hallucinogens, but during this more recent interval twice as many had used LSD (5.4%) as had used PCP (2.6%).	1,1a,1b, 2,2a,2b, 3,3a,3b

---

*Because trend data on the unadjusted version are available for a longer time, they are presented throughout. The adjusted statistics are also given for the years in which they are available, but only for a sample as a whole. If the adjusted statistics for subgroups show a different picture than that suggested by the unadjusted ones, that fact will be noted in the text.

Table(s)

- Reported prevalence of hallucinogen use for the previous month is 3.8%; and daily use is practically nonexistent (0.1%). 4,6

- Only 1.5% report using hallucinogens (unadjusted) on 20 or more occasions in their lifetime, with 0.9% saying they had used LSD that many times and 0.5% saying they used PCP that often. 6,6a,6b

Subgroup Differences

- Sex Differences. Hallucinogen use tends to be substantially higher among males than among females. For example, the annual unadjusted prevalence figures are 8.6% and 5.5%, respectively. (Adjusted values are 10.4% and 7.5%.) This is also true for LSD and PCP specifically. 2,2a,2b 3,3a,3b 4,4a,4b 5,5a,5b

- College Plans. Those not planning to complete four years of college report considerably higher prevalence figures on hallucinogen use for all three time intervals than those planning for college. Their annual unadjusted prevalence, for example, is 8.9% vs. 5.4% for the college-bound. (Adjusted values are 9.5% and 5.8%.) The difference linked to college plans is particularly sharp in the case of PCP, where 30-day prevalence is more than three times as high among the noncollege-bound (4.4%) as among the college-bound. 2,2a,2b, 3,3a,3b, 4,4a,4b, 5,5a,5b

- Region of the Country. There are sizeable regional differences in overall hallucinogen use. The Northeast and North Central regions show the highest usage rates (e.g., about 11% adjusted prevalence in the last year), the West the next highest (at 8.3%), while the South shows the lowest (6.7% in the last year). These differences have been replicated consistently in the previous years of the study for overall hallucinogen use, except that there has traditionally been a greater difference between the Northeast and North Central regions. Prior to 1983, annual prevalence was consistently higher in the Northeast than in the North Central region. However, this year the difference is so slight as to make it meaningless. 2,3,4,5

  LSD use has also been consistently highest in the Northeast and North Central regions of the country, next highest in the West and lowest in the South. (Even though a significant drop in LSD usage occurred in 1983 in the Northeast, it still placed second in terms of overall annual prevalence rates.) 2a,3a,4a,5a

  PCP use has also fairly consistently been highest in the Northeast and North Central regions, but lowest in the West rather than the South. However, between 1982 and 1983, PCP use nearly doubled in the West, such that for 1983, PCP use in the West turned out to be tied with the Northeast for the highest level of use. 2b,3b,4b,5b

Table(s)

- Population Density. There is a positive relationship between population density and the prevalence of hallucinogen use for all three time intervals—a relationship which has been replicated rather consistently. In 1983 the adjusted annual prevalence rates for hallucinogen use were 7.3%, 9.9%, and 10.7% for Non-SMSAs, Other SMSAs, and Large SMSAs, respectively. 2,2a,2b, 3,3a,3b, 4,4a,4b, 5,5a,5b

Recent Trends in Prevalence

Total Sample

- Hallucinogen use (unadjusted for underreporting of PCP) declined between 1975 and 1977, showed little consistent change in 1978 and 1979, but resumed a fairly steady decline since then. 2,3,4

- LSD has exhibited a trend pattern which is very similar to that of the class as a whole: that is, it declined from 1975 to 1977, remained stable through 1981, and has decreased since. 2a,3a,4a

- The specific hallucinogen PCP showed a substantial, statistically significant decrease in annual prevalence rates between 1979 and 1982. (Measures for the use of this drug were started in 1979.) Since then lifetime prevalence has continued slowly downward, while annual and monthly prevalence rates have not shown much change. 2b,3b,4b

Subgroup Differences in Trends

- Between 1975 and 1983, changes in the prevalence of hallucinogen use (unadjusted) among the various subgroups tended to parallel the overall trends. 2,2a,2b, 3,3a,3b, 4,4a,4b

Use at Earlier Grade Levels

- Most of the class of 1983 who tried hallucinogens first did so after ninth grade, while rather few (1.1% of the sample) used before ninth grade. This has been true for all class cohorts, as Figure 1 illustrates. 7 Fig 1

- However, Figures 1 and 2 also illustrate that some changes have been taking place across cohorts. During the period from 1970 to 1974, each of the cohorts studied here showed a very slight increase from the previous cohorts in lifetime prevalence by a given grade level (say 8th, 9th, or 10th grade). However, from 1975 to 1978 each cohort showed a lower lifetime prevalence than the preceding cohorts at the same grade level. Overall, this evidence is suggestive of an upward secular trend or period effect in hallucinogen use in the early 70's (that is, one which is observed among various age groups) and suggestive of a downward secular trend in the middle 70's. Fig 1,2

Probability of Future Use

	Tables(s)
• The questions on the probability of future use asked about LSD specifically. Only 2.4% of 1983 seniors expect to be using LSD five years in the future.	6a
• The vast majority (89%) say they "definitely will not" use LSD in the future, and about 9% say they "probably will not."	6a
• These figures have changed relatively little since 1975.	6a

Degree and Duration of Highs

• Users of LSD and users of all other hallucinogens (taken as a class) were asked separate sets of questions on the degree and duration of the highs they usually experienced, questions which are reported in Tables 4-10a and 4-10b, respectively. Seniors who reported any use of LSD in the prior 12 months were asked to state how high they usually got and how long they usually stayed high. Seniors who reported use of any of the other hallucinogens were asked similar questions.	10a,10b
• The great majority of LSD users (69%) report that they usually get "very high" on the drug.	10a
• Most LSD users (54%) also report that their highs usually last 7 hours or more. This proportion has also been dropping fairly consistently since 1975.	10a
• About half of the users of other hallucinogens (51%) report that they usually get "very high" on these drugs. (This is a smaller proportion than for LSD.)	10b
• The other hallucinogens are somewhat shorter acting than LSD, with most users (67%) usually remaining high six hours or less.	10b

TABLE 4-1

Hallucinogens: Prevalence (Ever Used) and Recency of Use by Subgroups, Class of 1983

(Entries are percentages) [b]

	Number of Cases (Approx.)	Ever used	Past month	Past year, not past month	Not past year	Never used
All seniors	16300	11.9	2.8	4.5	4.6	88.1
Adjusted[a]		14.7	3.8	5.5	5.4	85.3
Sex:						
Male	7800	13.4	3.4	5.2	4.8	86.6
Female	8000	9.9	2.0	3.5	4.4	90.1
College Plans:						
None or under 4 yrs	6300	14.4	3.8	5.1	5.5	85.6
Complete 4 yrs	8800	9.0	1.7	3.7	3.6	91.0
Region:						
Northeast	3900	14.0	3.7	5.0	5.3	86.0
North Central	4600	15.1	3.2	5.7	6.2	84.9
South	5200	7.8	2.2	3.0	2.6	92.2
West	2600	11.2	2.1	4.2	4.9	88.8
Population Density:						
Large SMSA	4200	15.1	3.0	6.2	5.9	84.9
Other SMSA	6800	12.0	3.2	4.4	4.4	88.0
Non-SMSA	5300	9.3	2.1	3.2	4.0	90.7

NOTE: See Appendix D for definition of variables in table.

[a] Adjusted for known underreporting of PCP. See text.

[b] All data are unadjusted for underreporting of PCP, unless otherwise indicated.

TABLE 4-1a

LSD: Prevalence (Ever Used) and Recency of Use by Subgroups, Class of 1983

(Entries are percentages)

	Number of Cases (Approx.)	Ever used	Past month	Past year, not past month	Not past year	Never used
All seniors	16300	8.9	1.9	3.5	3.5	91.1
Sex:						
Male	7800	10.4	2.4	4.3	3.7	89.6
Female	8000	6.9	1.2	2.6	3.1	93.1
College Plans:						
None or under 4 yrs	6300	11.0	2.7	4.2	4.1	89.0
Complete 4 yrs	8800	6.5	1.1	2.7	2.7	93.5
Region:						
Northeast	3900	8.7	2.2	3.4	3.1	91.3
North Central	4600	11.7	2.2	4.8	4.7	88.3
South	5200	6.7	1.7	2.7	2.3	93.3
West	2600	8.4	1.2	3.0	4.2	91.6
Population Density:						
Large SMSA	4200	9.7	1.5	4.2	4.0	90.3
Other SMSA	6800	9.6	2.2	3.8	3.6	90.4
Non-SMSA	5300	7.3	1.7	2.7	2.9	92.7

NOTE: See Appendix D for definition of variables in table.

TABLE 4-1b

PCP: Prevalence (Ever Used) and Recency of Use by Subgroups, Class of 1983

(Entries are percentages)

	Number of Cases (Approx.)	Ever used	Past month	Past year, not past month	Not past year	Never used
All seniors	3300	5.6	1.3	1.3	3.0	94.4
Sex:						
Male	1600	6.9	1.5	1.7	3.7	93.1
Female	1600	4.2	0.9	1.0	2.3	95.8
College Plans:						
None or under 4 yrs	1300	8.8	2.1	2.3	4.4	91.2
Complete 4 yrs	1800	3.5	0.7	0.7	2.1	96.5
Region:						
Northeast	800	6.0	1.2	2.0	2.8	94.0
North Central	900	6.2	1.4	1.2	3.6	93.8
South	1100	4.3	1.0	0.9	2.4	95.7
West	500	6.1	1.5	1.6	3.0	93.9
Population Density:						
Large SMSA	800	8.3	1.6	2.5	4.2	91.7
Other SMSA	1400	4.8	1.5	0.8	2.5	95.2
Non-SMSA	1100	4.4	0.7	1.2	2.5	95.6

NOTE: See Appendix D for definition of variables in table.

TABLE 4-1c

Other Psychedelics: Prevalence (Ever Used) and Recency of Use by Subgroups, Class of 1983

(Entries are percentages)

	Number of Cases	Ever used	Past month	Past year, not past month	Not past year	Never used
All seniors	16300	7.3	1.5	2.6	3.2	92.7
Sex:						
Male	7800	8.4	1.8	3.1	3.5	91.6
Female	8000	6.0	1.0	2.1	2.9	94.0
College Plans:						
None or under 4 yrs	6300	8.6	1.8	3.0	4.2	91.4
Complete 4 yrs	8800	5.6	1.0	2.1	2.5	94.4
Region:						
Northeast	3900	10.3	2.2	3.9	4.2	89.7
North Central	4600	8.4	1.7	2.7	4.0	91.6
South	5200	4.3	0.9	1.5	1.9	95.7
West	2600	7.0	1.3	2.8	2.9	93.0
Population Density:						
Large SMSA	4200	10.9	2.2	4.4	4.3	89.1
Other SMSA	6800	6.8	1.6	2.4	2.8	93.2
Non-SMSA	5300	5.2	0.8	1.6	2.8	94.8

NOTE: See Appendix D for definition of variables in table.

TABLE 4-2

Hallucinogens: Trends in Lifetime Prevalence of Use by Subgroups

	Percent ever used [b]									
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	'82-'83 change
All seniors	16.3	15.1	13.9	14.3	14.1	13.3	13.3	12.5	11.9	-0.6
Adjusted[a]	NA	NA	NA	NA	18.6	15.7	15.7	15.0	14.7	-0.3
Sex:										
Male	18.1	17.2	15.8	16.5	16.1	16.1	15.5	14.4	13.4	-1.0
Female	14.6	12.6	11.7	11.7	11.5	10.4	10.6	10.2	9.9	-0.3
College Plans:										
None or under 4 yrs	NA	17.8	16.4	16.4	16.3	16.1	15.7	15.0	14.4	-0.6
Complete 4 yrs	NA	11.5	10.5	11.0	11.0	10.4	11.0	9.7	9.0	-0.7
Region:										
Northeast	19.1	16.8	15.3	17.8	18.2	17.4	18.1	15.8	14.0	-1.8
North Central	17.8	16.3	15.3	15.9	14.9	14.6	15.3	14.5	15.1	+0.6
South	12.6	12.5	11.5	9.8	8.7	8.7	6.6	7.6	7.8	+0.2
West	16.6	15.5	13.4	15.4	16.3	14.0	15.5	12.9	11.2	-1.7
Population Density:										
Large SMSA	20.1	17.9	15.4	17.2	17.8	17.3	17.6	16.4	15.1	-1.3
Other SMSA	18.1	15.3	14.8	14.5	14.9	13.9	13.5	11.6	12.0	+0.4
Non-SMSA	11.8	12.9	11.4	11.5	10.1	9.6	9.9	10.5	9.3	-1.2

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

---

[a] Adjusted for known underreporting of PCP (see text).

[b] All data are unadjusted for underreporting of PCP, unless otherwise indicated.

TABLE 4-2a

LSD: Trends in Lifetime Prevalence of Use by Subgroups

	Percent ever used									
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	'82-'83 change
All seniors	11.3	11.0	9.8	9.7	9.5	9.3	9.8	9.6	8.9	-0.7
Sex:										
Male	13.6	12.6	11.6	11.6	11.3	11.3	11.7	11.3	10.4	-0.9
Female	9.7	9.0	8.0	7.5	7.3	7.1	7.4	7.4	6.9	-0.5
College Plans:										
None or under 4 yrs	NA	12.8	12.0	11.4	11.6	11.7	11.8	11.8	11.0	-0.8
Complete 4 yrs	NA	8.4	7.2	7.0	6.7	6.9	7.8	7.1	6.5	-0.6
Region:										
Northeast	13.1	12.6	11.7	11.7	11.3	10.3	12.2	11.0	8.7	-2.3
North Central	12.7	11.6	10.9	11.3	10.7	11.1	11.8	11.6	11.7	+0.1
South	8.5	9.0	7.8	6.4	5.7	6.5	5.2	6.4	6.7	+0.3
West	13.5	11.3	9.3	10.4	11.9	10.0	11.2	9.5	8.4	-1.1
Population Density:										
Large SMSA	14.9	13.3	11.1	11.1	11.3	11.2	12.0	11.1	9.7	-1.4
Other SMSA	11.9	11.5	10.2	9.8	10.2	9.7	10.5	9.6	9.6	0.0
Non-SMSA	8.4	8.8	8.3	8.2	7.2	7.5	7.2	8.3	7.3	-1.0

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 4-2b

PCP: Trends in Lifetime Prevalence of Use by Subgroups

	Percent ever used									
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	'82-'83 change
All seniors	NA	NA	NA	NA	12.8	9.6	7.8	6.0	5.6	-0.4
Sex:										
Male	NA	NA	NA	NA	14.1	11.6	9.0	7.3	6.9	-0.4
Female	NA	NA	NA	NA	11.7	7.5	6.5	4.7	4.2	-0.5
College Plans:										
None or under 4 yrs	NA	NA	NA	NA	15.5	12.0	10.6	7.8	8.8	+1.0
Complete 4 yrs	NA	NA	NA	NA	10.6	7.6	5.6	4.7	3.5	-1.2
Region:										
Northeast	NA	NA	NA	NA	19.0	14.1	10.6	8.9	6.0	-2.9
North Central	NA	NA	NA	NA	10.3	8.2	7.0	5.1	6.2	+1.1
South	NA	NA	NA	NA	10.8	9.4	5.9	5.1	4.3	-0.8
West	NA	NA	NA	NA	12.6	7.0	9.2	5.2	6.1	+0.9
Population Density:										
Large SMSA	NA	NA	NA	NA	16.7	14.4	9.1	8.5	8.3	-0.2
Other SMSA	NA	NA	NA	NA	13.3	9.1	7.5	5.5	4.8	-0.7
Non-SMSA	NA	NA	NA	NA	9.3	6.8	7.1	4.8	4.4	-0.4

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 4-2c

Other Psychedelics: Trends in Lifetime Prevalence of Use by Subgroups

	Percent ever used									
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	'82 change
All seniors	14.1	12.1	11.2	11.6	10.7	9.8	9.1	8.0	7.3	-0.7
Sex:										
Male	16.3	13.8	13.2	13.7	12.3	11.8	11.0	9.1	8.4	-0.7
Female	12.4	9.9	9.1	9.3	8.7	7.6	6.9	6.6	6.0	-0.6
College Plans:										
None or under 4 yrs	NA	14.3	13.4	13.2	12.1	11.2	10.4	9.1	8.6	-0.5
Complete 4 yrs	NA	9.2	8.6	9.0	8.5	7.8	7.8	6.6	5.6	-1.0
Region:										
Northeast	17.0	13.4	12.1	15.2	15.1	14.6	14.0	12.5	10.3	-2.2
North Central	16.0	12.9	12.5	12.5	10.6	10.0	9.7	8.3	8.4	+0.1
South	10.9	10.2	9.8	7.8	6.8	5.9	3.8	4.1	4.3	+0.2
West	13.5	12.2	10.7	12.6	11.5	9.8	11.2	7.7	7.0	-0.7
Population Density:										
Large SMSA	16.9	13.8	12.4	14.4	14.0	13.8	12.7	11.9	10.9	-1.0
Other SMSA	16.2	12.2	12.1	11.7	11.3	10.0	8.6	6.5	6.8	+0.3
Non-SMSA	9.7	10.7	9.3	9.2	7.2	6.5	6.9	6.7	5.2	-1.5

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 4-3

Hallucinogens: Trends in Annual Prevalence of Use by Subgroups

	Percent who used in last twelve months[b]									
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	'82-'83 change
All seniors	11.2	9.4	8.8	9.6	9.9	9.3	9.0	8.1	7.3	-0.8
Adjusted[a]	NA	NA	NA	NA	12.8	10.6	10.1	9.3	9.3	0.0
Sex:										
Male	13.7	11.6	10.8	11.6	11.8	11.7	10.9	9.6	8.6	-1.0
Female	9.0	6.9	6.5	7.3	7.6	6.7	6.8	6.1	5.5	-0.6
College Plans:										
None or under 4 yrs	NA	11.2	10.6	11.0	11.3	11.2	10.7	9.5	8.9	-0.6
Complete 4 yrs	NA	6.9	6.4	7.3	7.5	7.1	7.4	6.2	5.4	-0.8
Region:										
Northeast	13.2	10.9	10.6	13.0	12.9	12.2	12.9	11.4	8.7	-2.7s
North Central	13.0	10.3	9.7	10.7	11.1	11.3	10.3	9.1	8.9	-0.2
South	8.5	7.4	6.8	6.3	5.7	5.4	4.1	4.6	5.2	+0.6
West	10.2	9.3	8.2	9.6	11.0	9.2	10.4	7.8	6.3	-1.5
Population Density:										
Large SMSA	13.9	11.1	9.9	11.9	12.3	11.6	12.0	10.9	9.2	-1.7
Other SMSA	12.1	9.8	9.1	9.3	10.5	9.8	9.0	7.6	7.6	0.0
Non-SMSA	8.5	7.7	7.5	8.3	7.1	7.1	6.8	6.5	5.3	-1.2

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

[a] Adjusted for known underreporting of PCP (see text).

[b] All data are unadjusted for underreporting of PCP, unless otherwise indicated.

TABLE 4-3a

LSD: Trends in Annual Prevalence of Use by Subgroups

	Percent who used in last twelve months									
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	'82-'83 change
All seniors	7.2	6.4	5.5	6.3	6.6	6.5	6.5	6.1	5.4	-0.7
Sex:										
Male	9.6	7.9	7.1	7.8	8.0	8.1	8.0	7.4	6.7	-0.7
Female	5.6	4.6	3.9	4.5	4.8	4.8	4.7	4.3	3.8	-0.5
College Plans:										
None or under 4 yrs	NA	7.5	6.7	7.2	8.0	8.2	8.0	7.5	6.9	-0.6
Complete 4 yrs	NA	4.7	4.0	4.6	4.5	4.7	5.0	4.3	3.8	-0.5
Region:										
Northeast	8.5	8.0	7.2	8.0	7.9	6.8	9.0	8.0	5.6	-2.4ss
North Central	8.7	7.0	6.5	7.9	7.9	8.5	7.8	7.3	7.0	-0.3
South	5.4	4.7	3.7	3.7	3.4	4.3	3.4	3.9	4.4	+0.5
West	7.6	5.9	5.0	5.8	8.3	6.5	6.3	4.8	4.2	-0.6
Population Density:										
Large SMSA	9.4	7.9	6.4	7.2	7.6	7.3	8.0	7.3	5.7	-1.6s
Other SMSA	7.4	6.8	5.6	6.1	7.3	6.8	6.9	6.3	6.0	-0.3
Non-SMSA	5.7	4.8	4.8	5.8	4.9	5.6	4.9	4.8	4.4	-0.4

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 4-3b

PCP: Trends in Annual Prevalence of Use by Subgroups

	Percent who used in last twelve months									
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	'82-'83 change
All seniors	NA	NA	NA	NA	7.0	4.4	3.2	2.2	2.6	+0.4
Sex:										
Male	NA	NA	NA	NA	7.8	5.6	4.0	2.8	3.2	+0.4
Female	NA	NA	NA	NA	6.2	3.2	2.3	1.6	1.9	+0.3
College Plans:										
None or under 4 yrs	NA	NA	NA	NA	8.8	5.5	4.2	2.9	4.4	+1.5
Complete 4 yrs	NA	NA	NA	NA	5.7	3.6	2.4	1.8	1.4	-0.4
Region:										
Northeast	NA	NA	NA	NA	10.4	6.7	3.5	3.6	3.2	-0.4
North Central	NA	NA	NA	NA	6.2	4.3	3.7	1.5	2.6	+1.1
South	NA	NA	NA	NA	6.3	4.0	2.9	2.3	1.9	-0.4
West	NA	NA	NA	NA	5.1	2.3	2.3	1.6	3.1	+1.5
Population Density:										
Large SMSA	NA	NA	NA	NA	8.5	5.8	3.3	3.0	4.1	+1.1
Other SMSA	NA	NA	NA	NA	7.3	4.0	3.2	2.4	2.3	-0.1
Non-SMSA	NA	NA	NA	NA	5.5	3.9	3.1	1.5	1.9	+0.4

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 4-3c

Other Psychedelics: Trends in Annual Prevalence of Use by Subgroups

	Percent who used in last twelve months									
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	'82-'83 change
All seniors	9.4	7.0	6.9	7.3	6.8	6.2	5.6	4.7	4.1	-0.6
Sex:										
Male	12.1	8.8	8.9	8.8	8.0	8.0	6.9	5.7	4.9	-0.8
Female	7.5	5.0	4.9	5.5	5.3	4.2	4.0	3.6	3.1	-0.5
College Plans:										
None or under 4 yrs	NA	8.3	8.6	8.1	7.6	6.7	6.0	5.1	4.8	-0.3
Complete 4 yrs	NA	5.2	4.9	5.7	5.3	5.1	5.0	4.1	3.1	-1.0
Region:										
Northeast	12.0	7.8	8.2	10.3	10.2	10.0	9.0	8.1	6.1	-2.0
North Central	11.3	7.9	7.9	7.6	6.8	6.7	5.7	4.8	4.4	-0.4
South	7.1	5.7	5.4	4.8	4.1	3.1	2.0	1.8	2.4	+0.6
West	7.7	6.7	6.3	7.2	6.6	5.9	6.9	4.9	4.1	-0.8
Population Density:										
Large SMSA	11.1	7.8	7.5	9.3	8.8	8.5	8.1	7.3	6.6	-0.7
Other SMSA	10.7	7.3	7.2	6.9	7.2	6.5	5.0	3.7	4.0	+0.3
Non-SMSA	6.8	6.1	6.1	6.1	4.7	4.1	4.4	4.0	2.4	-1.6

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 4-4

Hallucinogens: Trends in Thirty-Day Prevalence of Use by Subgroups

	Percent who used in last thirty days									
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	'82-'83 change
All seniors	4.7	3.4	4.1	3.9	4.0	3.7	3.7	3.4	2.8	-0.6s
Adjusted[a]	NA	NA	NA	NA	5.5	4.4	4.4	4.3	3.8	-0.5
Sex:										
Male	6.0	4.5	5.5	4.8	4.7	4.8	4.6	4.2	3.4	-0.8s
Female	3.6	2.2	2.5	2.7	2.9	2.5	2.6	2.2	2.0	-0.2
College Plans:										
None or under 4 yrs	NA	4.2	4.9	4.4	4.6	4.4	4.3	4.2	3.8	-0.4
Complete 4 yrs	NA	2.3	2.6	2.8	2.8	2.7	3.0	2.3	1.7	-0.6s
Region:										
Northeast	5.5	4.3	4.8	5.4	5.3	4.8	6.3	4.8	3.7	-1.1
North Central	5.7	4.1	4.8	4.7	4.9	5.0	4.5	4.4	3.2	-1.2s
South	3.6	2.7	3.1	2.4	2.3	2.1	1.4	1.8	2.2	+0.4
West	4.0	2.3	3.2	3.0	3.7	3.0	2.8	1.9	2.1	+0.2
Population Density:										
Large SMSA	5.8	4.6	4.6	5.1	5.1	4.3	5.3	4.6	3.0	-1.6ss
Other SMSA	4.9	3.8	4.1	3.6	4.5	4.2	3.7	2.9	3.2	+0.3
Non-SMSA	3.8	2.1	3.5	3.1	2.4	2.7	2.5	2.8	2.1	-0.7

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

[a] Adjusted for known underreporting of PCP (see text).

[b] All data are unadjusted for underreporting of PCP, unless otherwise indicated.

TABLE 4-4a

LSD: Trends in Thirty-Day Prevalence of Use by Subgroups

	Percent who used in last thirty days									
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	'82-'83 change
All seniors	2.3	1.9	2.1	2.1	2.4	2.3	2.5	2.4	1.9	-0.5s
Sex:										
Male	3.5	2.6	3.1	2.7	2.8	2.9	3.4	2.9	2.4	-0.5
Female	1.5	1.2	1.2	1.4	1.8	1.6	1.4	1.6	1.2	-0.4
College Plans:										
None or under 4 yrs	NA	2.3	2.7	2.5	2.8	2.9	2.9	3.2	2.7	-0.5
Complete 4 yrs	NA	1.4	1.3	1.4	1.7	1.6	2.0	1.5	1.1	-0.4
Region:										
Northeast	2.7	2.6	2.7	2.9	2.9	2.3	4.1	3.0	2.2	-0.8
North Central	3.3	2.5	2.6	2.7	3.1	3.2	3.3	3.3	2.2	-1.1s
South	1.5	1.2	1.5	1.1	1.3	1.6	1.1	1.5	1.7	+0.2
West	2.4	1.0	2.1	1.7	2.9	1.8	1.1	1.2	1.2	0.0
Population Density:										
Large SMSA	3.1	2.3	2.3	2.6	3.0	2.5	3.3	2.7	1.5	-1.2s
Other SMSA	2.1	2.3	2.3	2.1	2.8	2.4	2.6	2.3	2.2	-0.1
Non-SMSA	2.0	1.1	1.8	1.7	1.6	2.0	1.7	2.1	1.7	-0.4

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 4-4b

PCP: Trends in Thirty-Day Prevalence of Use by Subgroups

	Percent who used in last thirty days									
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	'82-'83 change
All seniors	NA	NA	NA	NA	2.4	1.4	1.4	1.0	1.3	+0.3
Sex:										
Male	NA	NA	NA	NA	2.3	2.2	1.7	1.3	1.5	+0.2
Female	NA	NA	NA	NA	2.5	0.7	1.0	0.7	0.9	+0.2
College Plans:										
None or under 4 yrs	NA	NA	NA	NA	3.3	1.7	1.9	1.5	2.1	+0.6
Complete 4 yrs	NA	NA	NA	NA	1.8	1.2	1.0	1.7	2.7	0.0
Region:										
Northeast	NA	NA	NA	NA	3.2	2.9	1.5	1.4	1.2	-0.2
North Central	NA	NA	NA	NA	2.2	1.1	1.3	0.5	1.4	+0.9
South	NA	NA	NA	NA	2.5	1.1	1.6	1.1	1.0	-0.1
West	NA	NA	NA	NA	1.5	0.8	0.8	1.2	1.5	+0.3
Population Density:										
Large SMSA	NA	NA	NA	NA	2.2	1.9	1.0	1.4	1.6	+0.2
Other SMSA	NA	NA	NA	NA	2.3	1.4	1.5	1.0	1.5	+0.5
Non-SMSA	NA	NA	NA	NA	2.6	1.2	1.5	0.8	0.7	-0.1

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 4-4c

Other Psychedelics: Trends in Thirty-Day Prevalence of Use by Subgroups

	Percent who used in last thirty days									
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	'82-'83 change
All seniors	3.7	2.3	3.0	2.7	2.4	2.3	2.1	1.7	1.5	-0.2
Sex:										
Male	4.9	3.1	4.2	3.4	2.9	3.0	2.4	2.2	1.8	-0.4
Female	2.9	1.4	1.9	1.9	1.7	1.4	1.6	1.1	1.0	-0.1
College Plans:										
None or under 4 yrs	NA	2.9	3.8	3.0	2.9	2.4	2.3	2.0	1.8	-0.2
Complete 4 yrs	NA	1.4	2.0	2.0	1.6	1.8	1.7	1.2	1.0	-0.2
Region:										
Northeast	5.0	2.9	3.6	4.0	3.7	3.6	3.8	3.0	2.2	-0.8
North Central	4.6	2.7	3.8	3.1	2.8	2.8	2.3	1.9	1.7	-0.2
South	2.8	1.9	2.4	1.8	1.4	1.1	0.5	0.6	0.9	+0.3
West	2.6	1.7	2.0	2.0	1.7	1.8	2.1	1.1	1.3	+0.2
Population Density:										
Large SMSA	4.3	3.4	3.5	3.8	3.1	2.8	3.1	2.7	2.2	-0.5
Other SMSA	4.0	2.4	2.8	2.5	2.7	2.7	1.9	1.1	1.6	+0.5
Non-SMSA	2.8	1.5	2.9	2.2	1.4	1.3	1.5	1.5	0.8	-0.7

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 4-5

Hallucinogens: Frequency of Use in the Last Year by Subgroups, Class of 1983

(Entries are percentages)

	Number of Cases (Approx.)	Number of occasions in last 12 months[a] None	1-2	3-5	6-9	10-19	20-39	40+
All seniors	16300	92.7	3.5	2.0	0.8	0.7	0.2	0.1
Sex:								
Male	7800	91.4	3.8	2.7	0.9	0.9	0.2	0.2
Female	8000	94.5	3.1	1.2	0.6	0.4	0.1	0.0
College Plans:								
None or under 4 yrs	6300	91.1	4.1	2.3	1.1	1.0	0.2	0.1
Complete 4 yrs	8800	94.6	2.9	1.4	0.4	0.4	0.1	0.1
Region:								
Northeast	3900	91.3	4.0	2.7	0.9	0.7	0.3	0.2
North Central	4600	91.1	4.3	2.2	1.0	1.0	0.2	0.2
South	5200	94.8	2.5	1.5	0.4	0.5	0.1	0.0
West	2600	93.7	3.2	1.7	0.8	0.5	0.0	0.1
Population Density:								
Large SMSA	4200	90.8	4.3	2.8	1.1	0.8	0.1	0.1
Other SMSA	6800	92.4	3.6	2.2	0.7	0.8	0.2	0.2
Non-SMSA	5300	94.7	2.7	1.2	0.6	0.5	0.1	0.1

NOTE: See Appendix D for definition of variables in table.

[a] All data are unadjusted for the underreporting of PCP.

TABLE 4-5a

LSD: Frequency of Use in the Last Year by Subgroups, Class of 1983

(Entries are percentages)

	Number of Cases (Approx.)	Number of occasions in last 12 months						
		None	1-2	3-5	6-9	10-19	20-39	40+
All seniors	16300	94.6	3.3	1.1	0.5	0.3	0.0	0.1
Sex:								
Male	7800	93.3	4.0	1.4	0.7	0.5	0.0	0.1
Female	8000	96.2	2.4	0.8	0.4	0.2	0.0	0.0
College Plans:								
None or under 4 yrs	6300	93.1	4.1	1.4	0.8	0.5	0.0	0.0
Complete 4 yrs	8800	96.2	2.4	0.8	0.3	0.2	0.0	0.1
Region:								
Northeast	3900	94.4	3.3	1.3	0.4	0.4	0.0	0.1
North Central	4600	93.0	4.1	1.5	0.8	0.5	0.0	0.1
South	5200	95.6	2.7	0.9	0.5	0.2	0.0	0.0
West	2600	95.8	2.8	0.7	0.4	0.2	0.0	0.0
Population Density:								
Large SMSA	4200	94.3	3.3	1.5	0.4	0.3	0.0	0.1
Other SMSA	6800	94.0	3.7	1.1	0.7	0.4	0.1	0.1
Non-SMSA	5300	95.6	2.7	0.8	0.5	0.3	0.0	0.0

NOTE: See Appendix D for definition of variables in table.

TABLE 4-5b

PCP: Frequency of Use in the Last Year by Subgroups, Class of 1983

(Entries are percentages)

	Number of Cases (Approx.)	Number of occasions in last 12 months						
		None	1-2	3-5	6-9	10-19	20-39	40+
All seniors	3300	97.4	1.5	0.3	0.3	0.3	0.1	0.2
Sex:								
Male	1600	96.8	1.9	0.3	0.3	0.2	0.1	0.2
Female	1600	98.1	1.0	0.2	0.3	0.2	0.0	0.1
College Plans:								
None or under 4 yrs	1300	95.6	2.8	0.4	0.3	0.4	0.1	0.3
Complete 4 yrs	1800	98.6	0.6	0.2	0.2	0.3	0.0	0.1
Region:								
Northeast	800	96.8	1.8	0.6	0.5	0.2	0.1	0.0
North Central	900	97.4	1.9	0.1	0.3	0.1	0.0	0.2
South	1100	98.1	0.7	0.3	0.2	0.4	0.0	0.3
West	500	96.9	1.7	0.2	0.1	0.7	0.2	0.2
Population Density:								
Large SMSA	800	95.9	2.3	0.7	0.5	0.5	0.0	0.0
Other SMSA	1400	97.7	1.0	0.3	0.2	0.3	0.1	0.4
Non-SMSA	1100	98.1	1.3	0.1	0.2	0.1	0.0	0.1

NOTE: See Appendix D for definition of variables in table.

TABLE 4-5c

Other Psychedelics: Frequency of Use in the Last Year by Subgroups, Class of 1983

(Entries are percentages) a

	Number of Cases (Approx.)	Number of occasions in last 12 Months						
		None	1-2	3-5	6-9	10-19	20-39	40+
All seniors	16300	95.9	2.4	0.9	0.4	0.2	0.1	0.0
Sex:								
Male	7800	95.1	2.8	1.1	0.4	0.3	0.1	0.1
Female	8000	96.9	1.9	0.6	0.4	0.2	0.1	0.0
College Plans:								
None or under 4 yrs	6300	95.2	2.5	1.2	0.5	0.4	0.2	0.0
Complete 4 yrs	8800	96.9	2.1	0.5	0.3	0.1	0.1	0.0
Region:								
Northeast	3900	93.9	3.6	1.4	0.5	0.3	0.2	0.0
North Central	4600	95.6	2.4	0.8	0.5	0.3	0.2	0.1
South	5200	97.6	1.5	0.5	0.2	0.2	0.1	0.0
West	2600	95.9	2.4	1.0	0.5	0.1	0.0	0.1
Population Density:								
Large SMSA	4200	93.4	3.6	1.7	0.8	0.3	0.1	0.0
Other SMSA	6800	96.0	2.4	0.7	0.4	0.2	0.2	0.0
Non-SMSA	5300	97.6	1.5	0.5	0.1	0.2	0.0	0.0

NOTE: See Appendix D for definition of variables in table.

[a] All data are unadjusted for the underreporting of PCP.

TABLE 4-6

Hallucinogens: Trends in Frequency of Use for Lifetime, Last Year, and Last Thirty Days and in Probability of Future Use

(Entries are percentages) [b]

	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983
Lifetime use									
No occasions	83.7	84.9	86.1	85.7	85.9	86.7	86.7	87.5	88.1
1-2 occasions	4.5	4.9	4.2	4.8	5.2	5.0	4.8	4.5	4.6
3-5 occasions	4.0	4.1	3.7	3.6	3.8	3.3	3.5	3.2	3.0
6-9 occasions	1.7	1.4	1.4	1.5	1.6	1.4	1.4	1.5	1.3
10-19 occasions	2.7	2.3	2.3	2.3	1.9	1.9	1.9	1.6	1.5
20-39 occasions	1.0	0.8	0.8	0.8	0.6	0.7	0.6	0.7	0.7
40 or more	2.3	1.6	1.4	1.3	1.1	1.0	1.2	1.0	0.8
N =	(9942)	(16094)	(17880)	(18391)	(16255)	(16071)	(17826)	(17921)	(16570)
Use in last twelve months									
No occasions	88.8	90.6	91.2	90.4	90.1	90.7	91.0	91.9	92.7
1-2 occasions	3.7	4.0	3.4	4.0	4.4	4.0	3.9	3.6	3.5
3-5 occasions	3.6	2.7	2.6	2.9	2.8	2.8	2.6	2.4	2.0
6-9 occasions	1.2	1.0	1.1	0.9	1.0	1.0	1.0	0.9	0.8
10-19 occasions	1.7	1.0	1.1	1.1	1.1	1.1	1.0	0.7	0.7
20-39 occasions	0.6	0.4	0.3	0.3	0.3	0.2	0.3	0.3	0.2
40 or more	0.4	0.3	0.2	0.3	0.2	0.3	0.2	0.2	0.1
N =	(9940)	(16085)	(17874)	(18385)	(16246)	(16063)	(17823)	(17922)	(16562)
Use in last thirty days									
No occasions	95.3	96.6	95.9	96.1	96.0	96.3	96.3	96.6	97.2
1-2 occasions	2.7	1.9	2.2	2.2	2.5	2.4	2.3	2.1	1.7
3-5 occasions	1.2	1.0	1.2	1.0	1.0	0.9	0.9	0.9	0.7
6-9 occasions	0.5	0.3	0.4	0.3	0.2	0.2	0.3	0.2	0.1
10-19 occasions	0.2	0.1	0.2	0.3	0.2	0.1	0.1	0.1	0.1
20-39 occasions	0.0	0.1	0.0	0.0	0.0	0.1	0.0	0.0	0.0
40 or more	0.1	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.1
N =	(9937)	(16085)	(17877)	(18379	(16245)	(16063)	(17820)	(17916)	(16560)
Probability of future use[a]									

---

[a] This question asked about LSD only. See Table 4-6a.

[b] All data are unadjusted for the underreporting of PCP.

TABLE 4-6a

LSD: Trends in Frequency of Use for Lifetime, Last Year, and Last Thirty Days and in Probability of Future Use

(Entries are percentages)

	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983
Lifetime use									
No occasions	88.7	89.0	90.2	90.3	90.5	90.7	90.2	90.4	91.1
1-2 occasions	4.7	5.0	4.3	4.4	4.5	4.3	4.3	4.4	4.1
3-5 occasions	2.2	2.4	2.2	2.0	2.1	2.0	2.1	1.9	1.9
6-9 occasions	1.3	1.3	1.2	1.2	1.2	1.1	1.3	1.2	1.1
10-19 occasions	1.4	1.3	1.2	1.1	0.9	1.0	1.1	1.0	0.9
20-39 occasions	0.9	0.6	0.5	0.5	0.4	0.5	0.5	0.6	0.6
40 or more	0.9	0.6	0.5	0.5	0.4	0.4	0.5	0.5	0.3
N =	(9620)	(14582)	(15320)	(18354)	(16191)	(16018)	(17771)	(17851)	(16499)
Use in last twelve months									
No occasions	92.8	93.6	94.5	93.7	93.4	93.5	93.5	93.9	94.6
1-2 occasions	3.9	3.8	3.2	3.7	3.7	3.7	3.6	3.5	3.3
3-5 occasions	1.6	1.4	1.2	1.2	1.4	1.5	1.4	1.3	1.1
6-9 occasions	0.9	0.7	0.7	0.7	0.7	0.7	0.7	0.7	0.5
10-19 occasions	0.6	0.3	0.3	0.4	0.5	0.5	0.5	0.4	0.3
20-39 occasions	0.2	0.1	0.1	0.1	0.2	0.1	0.2	0.2	0.0
40 or more	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1
N =	(9614)	(14569)	(15307)	(18349)	(16179)	(16001)	(17760)	(17838)	(16479)
Use in last thirty days									
No occasions	97.7	98.1	97.9	97.9	97.6	97.7	97.5	97.6	98.1
1-2 occasions	1.7	1.4	1.6	1.4	1.8	1.8	1.9	1.7	1.4
3-5 occasions	0.4	0.3	0.4	0.4	0.4	0.3	0.3	0.4	0.4
6-9 occasions	0.1	0.1	0.1	0.2	0.1	0.1	0.1	0.2	0.1
10-19 occasions	0.0	0.0	0.0	0.1	0.1	0.0	0.1	0.1	0.0
20-39 occasions	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
40 or more	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0
N =	(9609)	(14568)	(15310)	(18344)	(16180)	(16004)	(17760)	(17826)	(16487)
Probability of future use									
Definitely will not	85.8	86.5	85.8	86.8	87.4	87.8	88.1	88.7	88.9
Probably will not	11.3	10.9	11.7	10.6	10.2	9.3	9.4	8.7	8.6
Probably will	2.0	2.0	1.8	1.7	1.5	1.8	1.5	1.7	1.6
Definitely will	0.8	0.6	0.7	0.9	1.0	1.2	1.0	0.9	0.8
N =	(2956)	(3053)	(3446)	(3482)	(3130)	(3096)	(3382)	(3465)	(3246)

TABLE 4-6b

PCP: Trends in Frequency of Use for Lifetime, Last Year, and Last Thirty Days and in Probability of Future Use

(Entries are percentages)

	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983
Lifetime use									
No occasions	NA	NA	NA	NA	87.2	90.4	92.2	94.0	94.4
1-2 occasions	NA	NA	NA	NA	7.6	6.1	4.5	4.3	3.8
3-5 occasions	NA	NA	NA	NA	2.2	1.9	1.1	0.6	0.5
6-9 occasions	NA	NA	NA	NA	1.1	0.5	0.7	0.3	0.3
10-19 occasions	NA	NA	NA	NA	1.1	0.3	0.5	0.3	0.4
20-39 occasions	NA	NA	NA	NA	0.5	0.3	0.6	0.3	0.2
40 or more	NA	NA	NA	NA	0.3	0.4	0.4	0.3	0.3
N =	(NA)	(NA)	(NA)	(NA)	(2911)	(2923)	(3233)	(3228)	(3010)
Use in last twelve months									
No occasions	NA	NA	NA	NA	93.0	95.6	96.8	97.8	97.4
1-2 occasions	NA	NA	NA	NA	4.6	2.8	1.7	1.2	1.5
3-5 occasions	NA	NA	NA	NA	1.1	0.6	0.4	0.4	0.3
6-9 occasions	NA	NA	NA	NA	0.8	0.3	0.5	0.2	0.3
10-19 occasions	NA	NA	NA	NA	0.3	0.3	0.5	0.3	0.3
20-39 occasions	NA	NA	NA	NA	0.1	0.1	0.1	0.1	0.1
40 or more	NA	NA	NA	NA	0.1	0.2	0.1	0.1	0.2
N =	(NA)	(NA)	(NA)	(NA)	(2903)	(2920)	(3232)	(3226)	(3006)
Use in last thirty days									
No occasions	NA	NA	NA	NA	97.6	98.6	98.6	99.0	98.7
1-2 occasions	NA	NA	NA	NA	1.7	0.8	0.6	0.4	0.8
3-5 occasions	NA	NA	NA	NA	0.4	0.2	0.2	0.3	0.1
6-9 occasions	NA	NA	NA	NA	0.2	0.2	0.5	0.1	0.2
10-19 occasions	NA	NA	NA	NA	0.1	0.1	0.0	0.1	0.1
20-39 occasions	NA	NA	NA	NA	0.1	0.0	0.0	0.1	0.0
40 or more	NA	NA	NA	NA	0.0	0.1	0.1	0.0	0.1
N =	(NA)	(NA)	(NA)	(NA)	(2903)	(2847)	(3231)	(3225)	(3007)
Probability of future use[a]									
Definitely will not	NA	NA	NA	NA	NA	NA	NA	NA	NA
Probably will not	NA	NA	NA	NA	NA	NA	NA	NA	NA
Probably will	NA	NA	NA	NA	NA	NA	NA	NA	NA
Definitely will	NA	NA	NA	NA	NA	NA	NA	NA	NA
N =	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)

---

[a] This question asked about LSD only.

TABLE 4-6c

Other Psychedelics: Trends in Frequency of Use for Lifetime, Last Year, and Last Thirty Days and in Probability of Future Use

(Entries are percentages)

	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983
Lifetime use									
No occasions	85.9	87.9	88.8	88.4	89.3	90.2	90.9	92.0	92.7
1-2 occasions	5.3	5.3	4.6	5.0	5.1	4.8	4.6	4.0	3.7
3-5 occasions	2.6	2.3	2.2	2.5	2.2	1.8	1.7	1.4	1.4
6-9 occasions	1.9	1.5	1.5	1.4	1.3	1.2	0.9	1.0	0.8
10-19 occasions	1.9	1.3	1.4	1.2	1.0	1.0	0.9	0.8	0.7
20-39 occasions	1.2	0.8	0.7	0.7	0.5	0.5	0.5	0.5	0.3
40 or more	1.2	0.9	0.8	0.8	0.6	0.5	0.5	0.3	0.3
N =	(9582)	(14505)	(15244)	(18287)	(16090)	(15934)	(17698)	(17797)	(16470)
Use in last twelve months									
No occasions	90.6	93.0	93.1	92.7	93.2	93.8	94.4	95.3	95.9
1-2 occasions	4.4	3.7	3.4	3.9	3.8	3.5	3.2	2.7	2.4
3-5 occasions	2.1	1.4	1.6	1.7	1.4	1.3	1.0	1.1	0.9
6-9 occasions	1.3	0.9	0.9	0.8	0.7	0.6	0.6	0.4	0.4
10-19 occasions	1.0	0.5	0.7	0.6	0.5	0.5	0.5	0.3	0.2
20-39 occasions	0.4	0.3	0.2	0.2	0.2	0.2	0.2	0.2	0.1
40 or more	0.2	0.2	0.2	0.2	0.1	0.1	0.1	0.1	0.0
N =	(9582)	(14455)	(15228)	(18264)	(16071)	(15916)	(17681)	(17785)	(16450)
Use in last thirty days									
No occasions	96.3	97.7	97.0	97.3	97.6	97.7	97.9	98.3	98.5
1-2 occasions	2.4	1.5	1.9	1.9	1.7	1.7	1.4	1.3	1.0
3-5 occasions	0.6	0.5	0.7	0.5	0.4	0.4	0.4	0.2	0.3
6-9 occasions	0.3	0.2	0.3	0.2	0.2	0.1	0.2	0.1	0.1
10-19 occasions	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1
20-39 occasions	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
40 or more	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
N =	(9581)	(14475)	(15230)	(18254)	(16062)	(15910)	(17672)	(17786)	(16448)
Probability of future use[a]									
Definitely will not	NA	NA	NA	NA	NA	NA	NA	NA	NA
Probably will not	NA	NA	NA	NA	NA	NA	NA	NA	NA
Probably will	NA	NA	NA	NA	NA	NA	NA	NA	NA
Definitely will	NA	NA	NA	NA	NA	NA	NA	NA	NA
N =	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)

---

[a] This question asked about LSD only.

TABLE 4-7

Hallucinogens: Trends in Grade in Which First Used

	Percent reporting first use in each grade[b]								
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983
Sixth grade (or below)	0.1	0.1	0.1	0.3	0.1	0.1	0.1	0.1	0.1
Seventh or Eighth grade	0.9	1.3	1.4	1.7	1.4	0.8	1.0	0.8	1.0
Ninth grade	3.1	3.6	3.7	3.3	2.3	2.2	2.4	2.7	2.7
Tenth grade	4.5	5.1	4.0	3.7	3.7	3.5	3.7	3.7	3.3
Eleventh grade	4.5	3.7	3.2	3.3	4.1	4.3	3.8	3.4	3.0
Twelfth grade	3.1	1.4	1.5	1.9	2.6	2.4	2.2	1.8	1.8
Never used	83.7	84.9	86.1	85.7	85.9	86.7	86.7	87.5	88.1
N[a] =	(2979)	(2934)	(6082)	(6077)	(5544)	(5530)	(6197)	(6298)	(5806)

---

[a] This question was asked in one form only in 1975 and 1976 and in two forms in all subsequent years.

[b] All data are unadjusted for the underreporting of PCP.

TABLE 4-7a

LSD: Trends in Grade in Which First Used

	Percent reporting first use in each grade								
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983
Sixth grade (or below)	0.1	0.0	0.1	0.3	0.0	0.1	0.1	0.1	0.1
Seventh or Eighth grade	0.7	0.8	1.0	1.1	0.8	0.5	0.5	0.5	0.5
Ninth grade	2.4	2.8	2.7	2.4	1.4	1.4	1.7	2.0	2.0
Tenth grade	2.9	3.3	2.5	2.3	2.3	2.2	3.0	2.9	2.5
Eleventh grade	3.2	2.7	2.3	2.1	3.0	3.3	2.7	2.6	2.3
Twelfth grade	1.9	1.4	1.2	1.5	2.1	1.7	1.7	1.4	1.5
Never used	88.7	89.0	90.2	90.3	90.5	90.7	90.2	90.4	91.1
N[a] =	(2905)	(2707)	(5386)	(6260)	(5616)	(5569)	(6236)	(6330)	(5843)

[a] This question was asked in one form only in 1975 and 1976 and in two forms in all subsequent years.

TABLE 4-7b

PCP: Trends in Grade in Which First Used

	Percent reporting first use in each grade								
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983
Sixth grade (or below)	NA	NA	NA	NA	NA	0.2	0.2	0.2	0.4
Seventh or Eighth grade	NA	NA	NA	NA	NA	1.0	1.0	1.0	1.0
Ninth grade	NA	NA	NA	NA	NA	1.9	2.4	1.2	1.4
Tenth grade	NA	NA	NA	NA	NA	2.7	2.3	1.7	1.1
Eleventh grade	NA	NA	NA	NA	NA	2.6	1.5	1.0	1.1
Twelfth grade	NA	NA	NA	NA	NA	1.0	0.4	0.9	0.6
Never used	NA	NA	NA	NA	NA	90.4	92.2	94.0	94.4
N^a =	(NA)	(NA)	(NA)	(NA)	(NA)	(2836)	(3152)	(3146)	(2912)

NOTE: NA indicates data not available.

[a] This question was asked in one form only, beginning in 1980.

TABLE 4-7c

Other Psychedelics: Trends in Grade in Which First Used

	Percent reporting first use in each grade								
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983
Sixth grade (or below)	0.0	0.1	0.1	0.1	0.2	0.1	0.1	0.0	0.2
Seventh or Eighth grade	0.6	1.1	0.8	1.1	0.9	0.6	0.7	0.5	0.7
Ninth grade	2.5	2.4	3.0	2.6	1.7	1.8	1.6	2.0	1.9
Tenth grade	4.1	4.4	3.7	3.2	3.1	2.7	2.6	2.6	2.0
Eleventh grade	4.0	3.1	2.5	3.3	3.3	3.0	2.7	2.1	1.5
Twelfth grade	2.9	1.0	1.1	1.3	1.4	1.6	1.4	0.9	1.0
Never used	85.9	87.9	88.8	88.4	89.3	90.2	90.9	92.0	92.7
N[a] =	(2873)	(2639)	(5265)	(6112)	(5473)	(5488)	(6130)	(6207)	(5756)

[a] This question was asked in one form only in 1975 and 1976 and in two forms in all subsequent years.

TABLE 4-8

Hallucinogens: Grade in Which First Used by Subgroups, Class of 1983

(Entries are percentages)[a]

		Grade in school						
	Number of Cases (Approx.)	6 or below	7/8	9	10	11	12	Never used
All seniors	5800	0.1	1.0	2.7	3.3	3.0	1.8	88.1
Sex:								
Male	2800	0.3	1.0	3.0	3.6	3.5	2.1	86.6
Female	2900	0.0	0.9	2.2	2.6	2.5	1.7	90.1
College Plans:								
None or under 4 yrs	2100	0.3	1.2	3.8	3.7	3.6	1.8	85.6
Complete 4 yrs	3400	0.1	0.7	1.6	2.3	2.5	1.7	91.0
Region:								
Northeast	1300	0.6	1.2	2.5	3.4	3.3	3.0	86.0
North Central	1500	0.1	1.3	3.4	4.3	4.0	1.8	84.9
South	1900	0.0	0.5	1.9	2.2	1.8	1.3	92.2
West	1100	0.1	0.7	2.8	3.0	2.8	1.8	88.8
Population Density:								
Large SMSA	1700	0.3	2.0	3.0	4.7	2.7	2.4	84.9
Other SMSA	2500	0.1	0.5	3.1	3.6	2.9	1.8	88.0
Non-SMSA	1500	0.2	0.8	1.9	1.7	3.2	1.6	90.7

NOTE: See Appendix D for definition of variables in table.

[a] All data are unadjusted for the underreporting of PCP.

TABLE 4-8a

LSD: Grade in Which First Used by Subgroups, Class of 1983

(Entries are percentages)

		Grade in school						
	Number of Cases (Approx.)	6 or below	7/8	9	10	11	12	Never used
All seniors	5800	0.1	0.5	2.0	2.5	2.3	1.5	91.1
Sex:								
Male	2800	0.1	0.5	2.4	3.0	2.7	1.6	89.6
Female	2900	0.0	0.5	1.5	1.8	1.8	1.2	93.1
College Plans:								
None or under 4 yrs	2100	0.1	0.6	2.8	3.0	3.0	1.4	89.0
Complete 4 yrs	3400	0.0	0.4	1.3	1.8	1.7	1.3	93.5
Region:								
Northeast	1300	0.4	0.6	1.5	2.1	2.5	1.6	91.3
North Central	1500	0.0	0.8	2.5	3.7	3.0	1.7	88.3
South	1900	0.0	0.1	1.6	2.2	1.7	1.1	93.3
West	1100	0.1	0.7	2.3	1.8	1.9	1.6	91.6
Population Density:								
Large SMSA	1700	0.1	1.0	2.1	3.0	1.8	1.7	90.3
Other SMSA	2500	0.1	0.4	2.5	3.1	2.1	1.4	90.4
Non-SMSA	1500	0.1	0.5	1.1	1.2	3.1	1.4	92.7

NOTE: See Appendix D for definition of variables in table.

TABLE 4-8b

PCP: Grade in Which First Used by Subgroups, Class of 1983

(Entries are percentages)

	Number of Cases (Approx.)	Grade in school						
		6 or below	7/8	9	10	11	12	Never used
All seniors	3000	0.4	1.0	1.4	1.1	1.1	0.6	94.4
Sex:								
Male	1400	0.4	1.4	1.5	1.8	1.1	0.6	93.1
Female	1500	0.1	0.5	1.5	0.5	1.1	0.4	95.8
College Plans:								
None or under 4 yrs	1100	0.8	1.1	2.6	2.2	1.6	0.5	91.2
Complete 4 yrs	1700	0.1	0.7	0.8	0.5	0.8	0.5	96.5
Region:								
Northeast	700	0.3	0.8	1.3	1.3	1.9	0.3	94.0
North Central	900	0.4	1.0	2.0	1.6	0.7	0.4	93.8
South	950	0.4	0.5	0.9	0.8	1.2	0.5	95.7
West	450	0.1	2.0	1.9	0.7	0.4	0.9	93.9
Population Density:								
Large SMSA	800	1.0	1.1	2.1	1.9	1.8	0.4	91.7
Other SMSA	1200	0.3	1.1	1.0	0.7	1.2	0.5	95.2
Non-SMSA	1000	0.0	0.4	1.8	1.2	0.4	0.6	95.6

NOTE: See Appendix D for definition of variables in table.

TABLE 4-8c

Other Psychedelics: Grade in Which First Used by Subgroups, Class of 1983

(Entries are percentages)

		Grade in school						
	Number of Cases (Approx.)	6 or below	7/8	9	10	11	12	Never used
All seniors	5800	0.2	0.7	1.9	2.0	1.5	1.0	92.7
Sex:								
Male	2800	0.3	0.8	1.8	2.3	2.0	1.2	91.6
Female	2900	0.0	0.8	1.7	1.5	1.2	0.8	94.0
College Plans:								
None or under 4 yrs	2100	0.3	0.8	2.9	2.2	1.8	0.6	91.4
Complete 4 yrs	3400	0.2	0.7	0.7	1.4	1.3	1.3	94.4
Region:								
Northeast	1300	0.5	1.0	2.4	2.8	1.4	2.1	89.7
North Central	1500	0.2	1.0	2.7	2.3	1.6	0.6	91.6
South	1900	0.0	0.3	1.2	1.2	1.0	0.6	95.7
West	1100	0.1	0.7	0.8	2.4	2.2	0.8	93.0
Population Density:								
Large SMSA	1700	0.2	1.6	2.1	4.2	1.6	1.4	89.1
Other SMSA	2500	0.1	0.4	1.6	1.6	1.8	1.2	93.2
Non-SMSA	1500	0.2	0.6	1.7	1.0	1.2	0.6	94.8

NOTE: See Appendix D for definition of variables in table.

TABLE 4-9

Hallucinogens: Trends in Use Prior to Tenth Grade by Subgroups

	Percent reporting first use prior to tenth grade[a] [b]									
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	'82-'83 change
All seniors	4.1	5.0	5.2	5.3	3.8	3.1	3.5	3.6	3.8	+0.2
Sex:										
Male	5.1	4.7	5.7	6.1	3.6	4.5	4.4	4.1	4.3	+0.2
Female	3.3	4.9	4.6	4.4	3.7	2.0	2.3	3.0	3.1	+0.1
College Plans:										
None or under 4 yrs	NA	5.5	6.1	6.5	4.5	4.5	4.6	4.8	5.3	+0.5
Complete 4 yrs	NA	4.1	4.1	3.9	3.1	2.3	2.5	2.6	2.4	-0.2
Region:										
Northeast	4.4	5.6	6.4	5.8	4.9	3.8	4.6	5.3	4.3	-1.0
North Central	4.1	5.4	5.4	6.4	3.5	3.1	4.3	3.7	4.8	+1.1
South	3.3	3.5	4.5	2.7	2.6	2.1	1.2	2.0	2.4	+0.4
West	5.5	5.8	4.6	8.0	4.5	4.2	4.6	3.9	3.6	-0.3
Population Density:										
Large SMSA	4.4	5.9	6.4	6.2	3.0	4.7	5.0	4.9	5.3	+0.4
Other SMSA	5.6	5.3	6.1	5.5	5.2	3.8	3.6	3.3	3.7	+0.4
Non-SMSA	2.3	3.7	3.2	4.2	2.5	1.7	2.5	2.7	2.9	+0.2

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C.

See Appendix D for definition of variables in table.

NA indicates data not available.

---

[a] This question was asked in one form only in 1975 and 1976 and in two forms in all subsequent years.

[b] All data are unadjusted for the underreporting of PCP.

TABLE 4-9a

LSD: Trends in Use Prior to Tenth Grade by Subgroups

	Percent reporting first use prior to tenth grade[a]									
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	'82-'83 change
All seniors	3.2	3.6	3.8	3.8	2.2	2.0	2.3	2.6	2.6	0.0
Sex:										
Male	3.8	3.2	4.4	4.2	2.6	3.0	3.1	3.0	3.0	0.0
Female	2.9	3.7	3.0	3.0	1.8	1.2	1.3	2.0	2.0	0.0
College Plans:										
None or under 4 yrs	NA	4.2	4.5	4.9	2.8	3.1	3.0	3.6	3.5	-0.1
Complete 4 yrs	NA	2.8	2.8	2.4	1.8	1.3	1.6	1.9	1.7	-0.2
Region:										
Northeast	3.7	4.4	4.9	4.2	1.9	1.6	3.0	3.4	2.5	-0.9
North Central	3.0	3.7	3.6	4.1	2.3	2.3	2.9	3.1	3.3	+0.2
South	2.8	2.6	3.6	2.0	1.7	1.5	0.6	1.2	1.7	+0.5
West	4.4	4.4	3.4	5.5	3.4	3.2	3.2	2.8	3.1	+0.3
Population Density:										
Large SMSA	3.4	4.3	4.6	4.2	1.2	2.9	2.9	3.2	3.2	0.0
Other SMSA	4.2	4.0	4.3	4.0	3.3	2.4	2.7	2.7	3.0	+0.3
Non-SMSA	1.7	2.7	2.5	3.0	1.5	1.2	1.6	2.0	1.6	-0.4

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C.

See Appendix D for definition of variable in table.

NA indicates data not available.

[a] This question was asked in one form only in 1975 and 1976 and in two forms in all subsequent years.

TABLE 4-9b

PCP: Trends in Use Prior to Tenth Grade by Subgroups

	Percent reporting first use prior to tenth grade[a]									
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	'82-'83 change
All seniors	NA	NA	NA	NA	NA	3.1	3.6	2.4	2.8	+0.4
Sex:										
Male	NA	NA	NA	NA	NA	4.0	3.9	3.6	3.3	-0.3
Female	NA	NA	NA	NA	NA	2.5	3.3	1.2	2.1	+0.9
College Plans:										
None or under 4 yrs	NA	NA	NA	NA	NA	4.9	4.7	2.8	4.5	+1.7
Complete 4 yrs	NA	NA	NA	NA	NA	2.2	2.9	2.2	1.6	-0.6
Region:										
Northeast	NA	NA	NA	NA	NA	3.9	5.2	3.3	2.4	-0.9
North Central	NA	NA	NA	NA	NA	3.6	3.1	2.1	3.4	+1.3
South	NA	NA	NA	NA	NA	2.4	3.0	1.9	1.8	-0.1
West	NA	NA	NA	NA	NA	3.3	3.6	2.5	4.0	+1.5
Population Density:										
Large SMSA	NA	NA	NA	NA	NA	5.7	4.1	2.6	4.2	+1.6
Other SMSA	NA	NA	NA	NA	NA	2.8	3.2	2.6	2.4	-0.2
Non SMSA	NA	NA	NA	NA	NA	2.1	3.7	2.0	2.2	+0.2

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C.

See Appendix D for definition of variables in table.

NA indicates data not available.

[a] This question was asked in one form only, beginning in 1980.

TABLE 4-9c

Other Psychedelics: Trends in Use Prior to Tenth Grade by Subgroups

	Percent reporting first use prior to tenth grade[a]									
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	'82-'83 change
All seniors	3.1	3.6	3.9	3.8	2.8	2.5	2.4	2.5	2.8	+0.3
Sex:										
Male	4.1	3.3	4.2	4.5	2.6	3.3	3.2	2.5	2.9	+0.4
Female	2.4	3.7	3.5	3.1	3.0	1.7	1.4	2.2	2.5	+0.3
College Plans:										
None or under 4 yrs	NA	3.7	4.7	4.7	3.9	3.4	3.0	3.2	4.0	+0.8
Complete 4 yrs	NA	3.3	2.7	2.9	2.1	1.5	1.8	2.0	1.6	-0.4
Region:										
Northeast	3.5	3.5	4.7	4.3	4.8	3.8	3.4	4.4	3.9	-0.5
North Central	3.6	4.5	4.5	4.4	2.6	2.3	3.0	2.0	3.9	+1.9ss
South	2.1	2.6	3.5	2.1	1.9	1.6	1.0	1.6	1.5	-0.1
West	4.7	4.2	2.3	5.5	2.2	2.3	2.6	2.4	1.6	-0.8
Population Density:										
Large SMSA	3.4	5.0	4.4	4.7	2.5	3.3	3.7	3.5	3.9	+0.4
Other SMSA	4.1	3.9	4.5	4.2	4.1	2.7	2.2	2.2	2.1	-0.1
Non-SMSA	1.8	2.2	2.8	2.6	1.6	1.4	1.7	2.1	2.5	+0.4

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C.

See Appendix D for definition of variables in table.

NA indicates data not available.

[a] This question was asked in one form only in 1975 and 1976 and in two forms in all subsequent years.

TABLE 4-10a

LSD: Trends in Degree and Duration of Feeling High

Q. *When you take LSD how high do you usually get?*[a]	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983
PERCENT OF RECENT USERS:									
Not at all high	0.2	1.7	1.6	0.5	2.8	2.0	1.6	2.7	0.0
A little high	4.8	1.9	7.4	4.9	8.4	5.0	9.6	4.1	4.2
Moderately high	16.2	22.4	19.3	24.7	14.9	23.4	23.3	26.4	26.9
Very high	78.8	73.9	71.7	69.9	73.9	69.5	65.5	66.8	68.9
N =	(213)	(213)	(213)	(223)	(228)	(228)	(236)	(249)	(200)
PERCENT OF ALL RESPONDENTS:									
No use in last 12 months	92.5	93.6	94.4	93.7	92.9	92.8	93.2	92.9	93.9
Not at all high	0.0	0.1	0.1	0.0	0.2	0.1	0.1	0.2	0.0
A little high	0.4	0.1	0.4	0.3	0.6	0.4	0.6	0.3	0.3
Moderately high	1.2	1.4	1.1	1.6	1.1	1.7	1.6	1.9	1.6
Very high	5.9	4.7	4.0	4.4	5.2	5.0	4.4	4.7	4.2
N =	(2840)	(3328)	(3804)	(3540)	(3228)	(3182)	(3488)	(3506)	(3277)
Q. *When you take LSD how long do you usually stay high?*[a]									
PERCENT OF RECENT USERS:									
Usually don't get high	1.6	2.3	2.5	0.5	3.4	2.3	1.6	1.5	0.0
One to two hours	1.3	1.7	3.8	3.9	4.0	2.5	5.4	3.6	2.6
Three to six hours	22.7	30.7	30.5	31.9	33.1	34.6	35.5	30.7	43.6
Seven to 24 hours	69.8	59.9	59.8	58.5	52.1	55.4	54.6	62.5	49.3
More than 24 hours	4.6	5.5	3.4	5.3	7.4	5.2	2.9	1.7	4.6
N =	(215)	(213)	(212)	(224)	(228)	(226)	(236)	(252)	(199)
PERCENT OF ALL RESPONDENTS:									
No use in last 12 months	92.5	93.6	94.4	93.7	92.9	92.9	93.2	92.8	93.9
Usually don't get high	0.1	0.1	0.1	0.0	0.2	0.2	0.1	0.1	0.0
One to two hours	0.1	0.1	0.2	0.3	0.3	0.2	0.4	0.3	0.2
Three to six hours	1.7	2.0	1.7	2.0	2.3	2.5	2.4	2.2	2.6
Seven to 24 hours	5.2	3.8	3.3	3.7	3.7	3.9	3.7	4.5	3.0
More than 24 hours	0.3	0.4	0.2	0.3	0.5	0.4	0.2	0.1	0.3
N =	(2867)	(3328)	(3786)	(3556)	(3227)	(3180)	(3487)	(3509)	(3276)

---

[a] These questions appear in just one form. They are asked only of respondents who report use of the drug in the prior twelve months (i.e., "recent users").

TABLE 4-10b

Hallucinogens Other Than LSD: Trends in Degree and Duration of Feeling High

Q. *When you take psychedelics other than LSD how high do you usually get?*[a]	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983
PERCENT OF RECENT USERS:									
Not at all high	2.4	1.2	1.2	1.2	2.1	0.9	2.3	2.5	4.0
A little high	7.9	9.6	8.4	8.3	9.6	10.4	12.9	10.3	8.2
Moderately high	35.5	39.6	40.8	36.3	37.7	38.9	37.9	35.9	36.6
Very high	54.1	49.7	49.6	54.3	50.6	49.9	46.9	51.3	51.2
N =	(322)	(261)	(286)	(326)	(253)	(255)	(246)	(201)	(170)
PERCENT OF ALL RESPONDENTS:									
No use in last 12 months	90.4	93.0	93.0	92.7	91.9	91.8	92.8	94.2	94.7
Not at all high	0.2	0.1	0.1	0.1	0.2	0.1	0.2	0.1	0.2
A little high	0.8	0.7	0.6	0.6	0.8	0.9	0.9	0.6	0.4
Moderately high	3.4	2.8	2.9	2.6	3.0	3.2	2.7	2.1	1.9
Very high	5.2	3.5	3.5	4.0	4.1	4.1	3.4	3.0	2.7
N =	(3354)	(3729)	(4086)	(4466)	(3127)	(3098)	(3407)	(3466)	(3235)
Q. *When you take psychedelics other than LSD how long do you usually stay high?*[a]									
PERCENT OF RECENT USERS:									
Usually don't get high	2.0	1.2	1.1	1.3	2.5	1.3	2.8	3.6	4.8
One to two hours	8.5	9.4	7.0	8.4	8.3	7.8	8.3	6.6	7.9
Three to six hours	41.3	46.1	45.5	47.7	48.2	49.1	47.1	52.6	54.1
Seven to 24 hours	45.6	39.9	44.1	41.1	37.2	39.6	38.7	34.4	30.5
More than 24 hours	2.7	3.4	2.3	1.5	3.8	2.2	3.1	2.8	2.7
N =	(322)	(262)	(283)	(326)	(249)	(254)	(246)	(203)	(171)
PERCENT OF ALL RESPONDENTS:									
No use in last 12 months	90.4	93.0	93.0	92.7	92.0	91.8	92.8	94.1	94.7
Usually don't get high	0.2	0.1	0.1	0.1	0.2	0.1	0.2	0.2	0.3
One to two hours	0.8	0.7	0.5	0.6	0.7	0.6	0.6	0.4	0.4
Three to six hours	4.0	3.2	3.2	3.5	3.8	4.0	3.4	3.1	2.9
Seven to 24 hours	4.4	2.8	3.1	3.0	3.0	3.2	2.8	2.0	1.6
More than 24 hours	0.3	0.2	0.2	0.1	0.3	0.2	0.2	0.2	0.1
N =	(3354)	(3743)	(4043)	(4466)	(3123)	(3096)	(3407)	(3467)	(3236)

---

[a] These questions appear in just one form. They are asked only of respondents who report use of the drug in the prior twelve months (i.e., "recent users").

FIGURE 4-1

Hallucinogens: Trends in Lifetime Prevalence for Earlier Grade Levels
Based on Retrospective Reports from Seniors

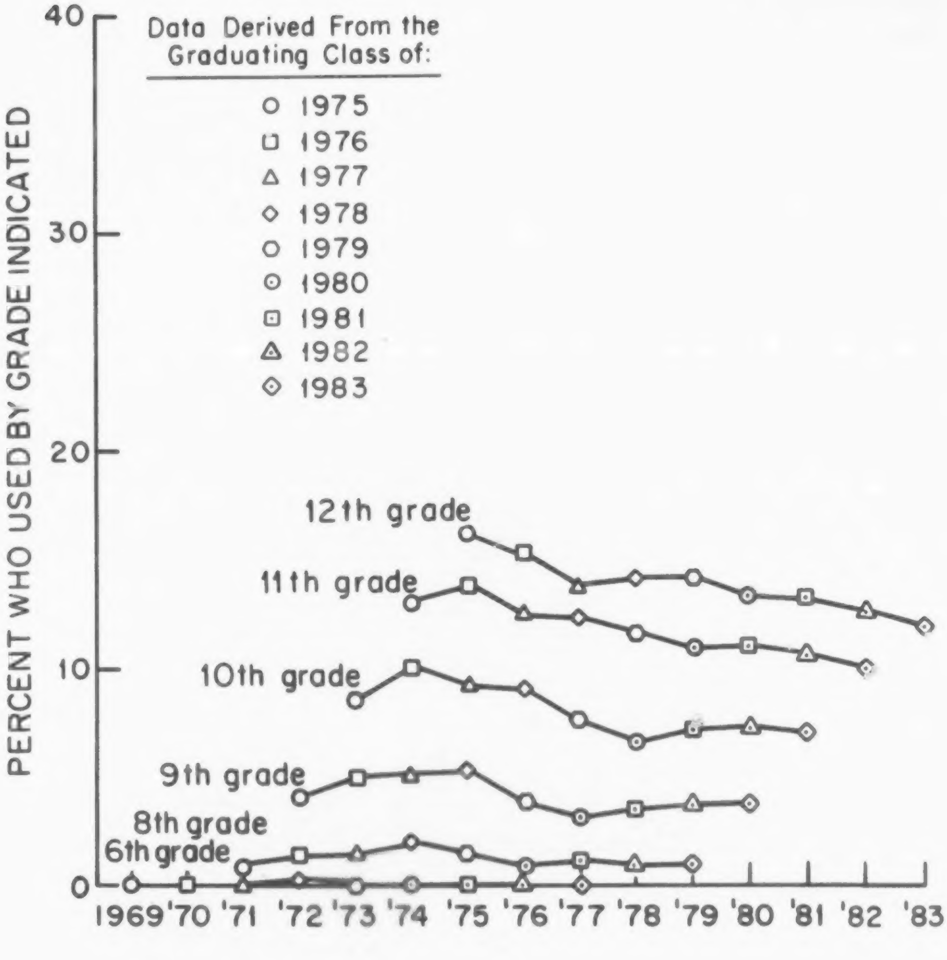


FIGURE 4-1a

LSD: Trends in Lifetime Prevalence for Earlier Grade Levels
Based on Retrospective Reports from Seniors

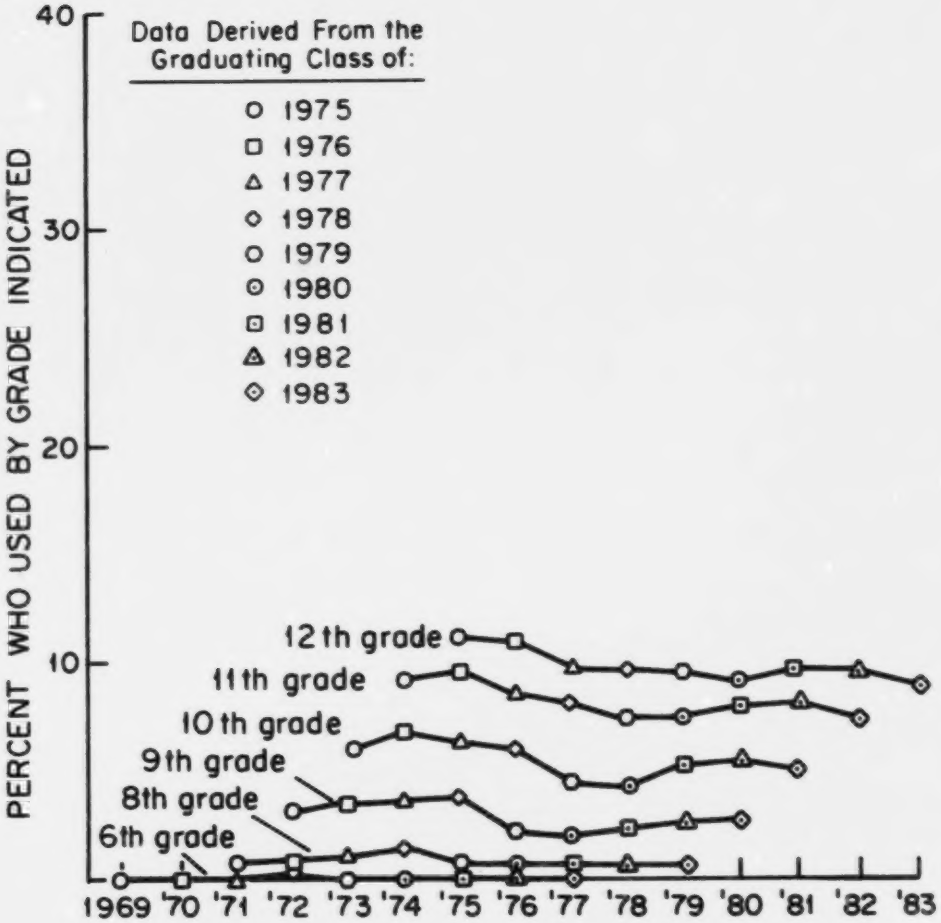


FIGURE 4-1b

PCP: Trends in Lifetime Prevalence for Earlier Grade Levels
Based on Retrospective Reports from Seniors

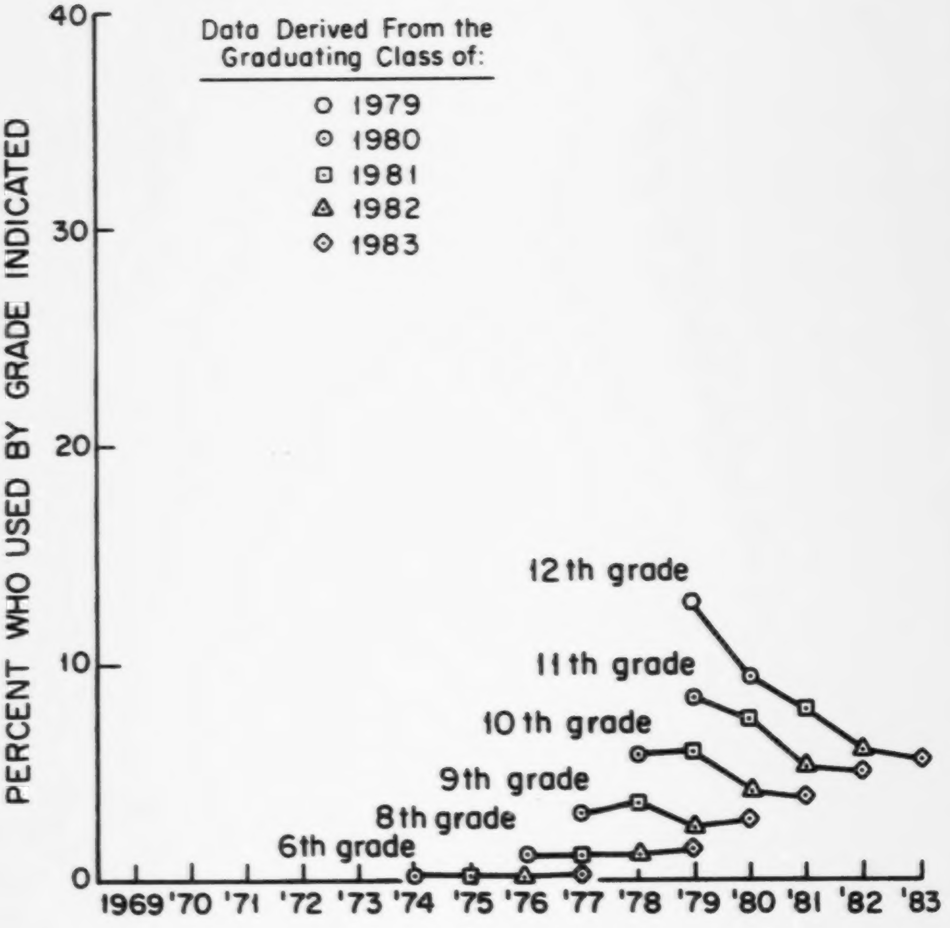
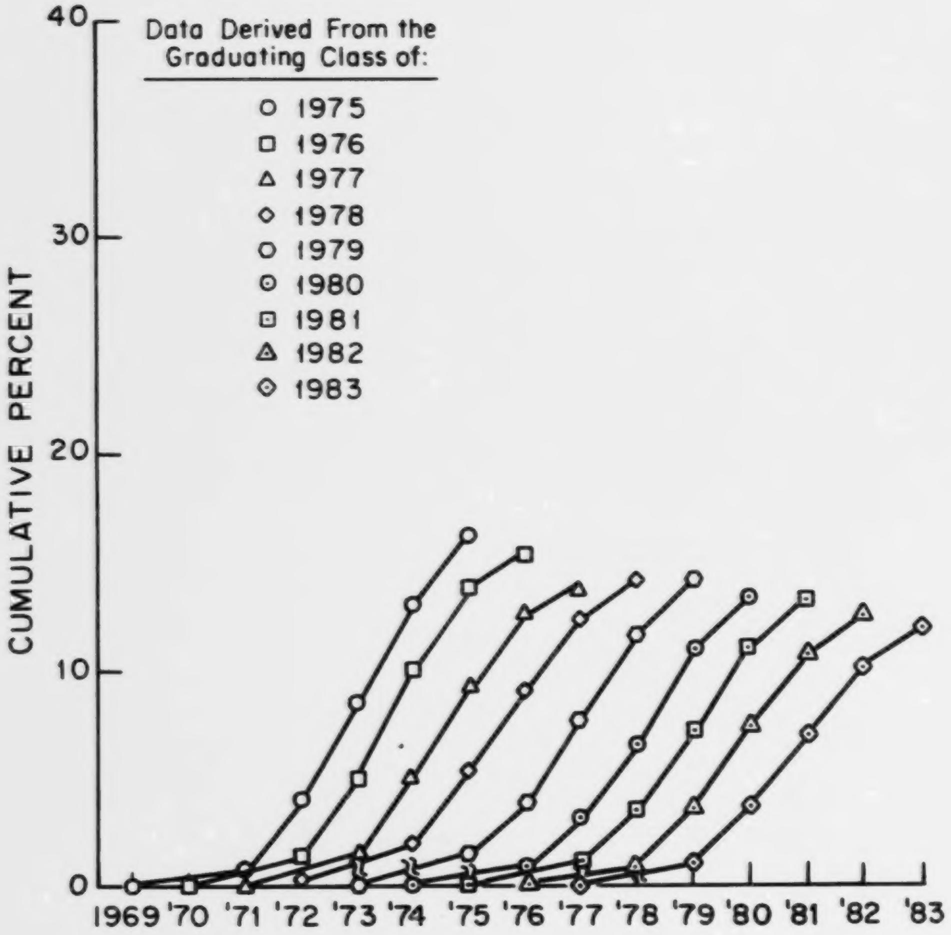


FIGURE 4-2

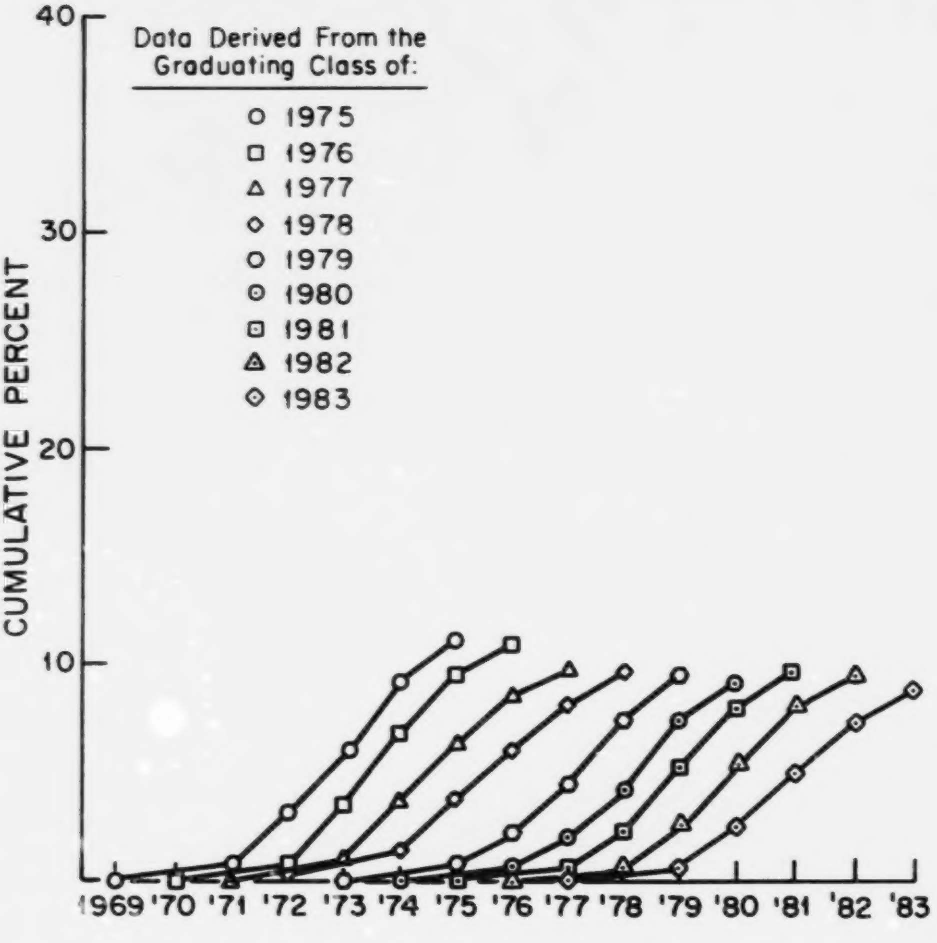
Hallucinogens: Cumulative Lifetime Prevalence for Each Graduating Class by Grade Level



NOTE: Each ascending curve represents the cumulative lifetime prevalence for a single graduating class, with the six sequential points demarcating (from left to right) the following grade levels: 6th, 8th, 9th, 10th, 11th, and 12th.

FIGURE 4-2a

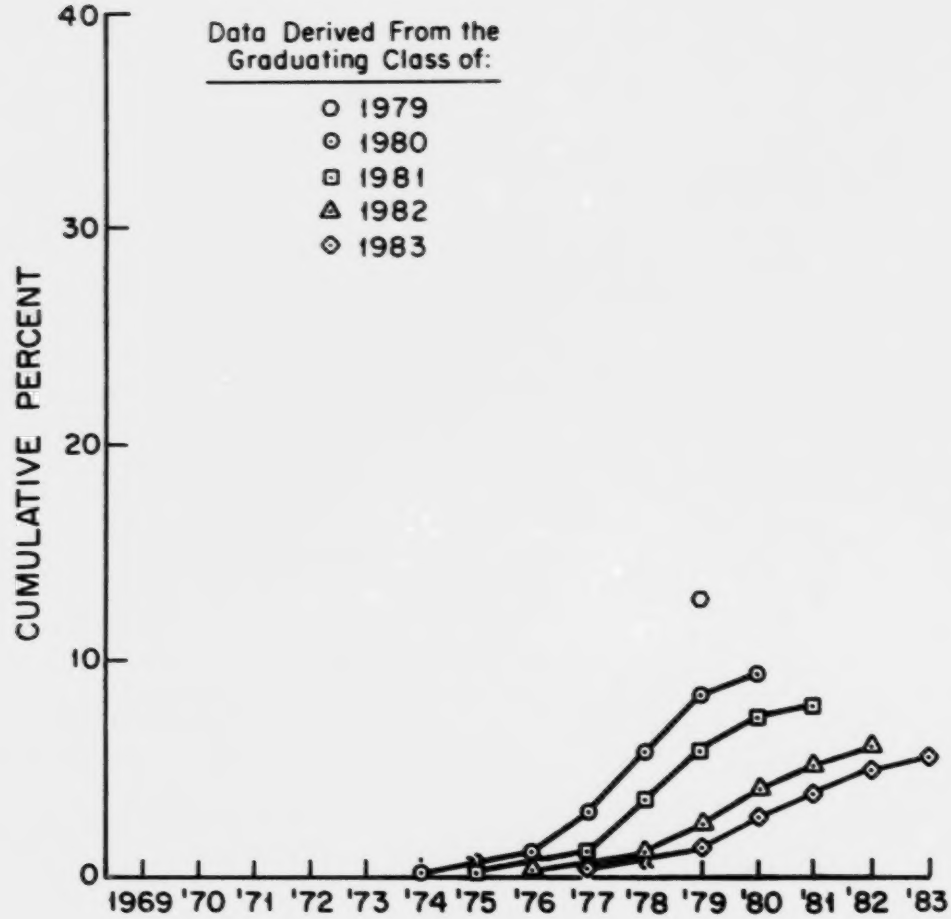
LSD: Cumulative Lifetime Prevalence for Each Graduating Class by Grade Level



NOTE: Each ascending curve represents the cumulative lifetime prevalence for a single graduating class, with the six sequential points demarcating (from left to right) the following grade levels: 6th, 8th, 9th, 10th, 11th, and 12th.

FIGURE 4-2b

PCP: Cumulative Lifetime Prevalence for Each Graduating Class by Grade Level



NOTE: Each ascending curve represents the cumulative lifetime prevalence for a single graduating class, with the six sequential points demarcating (from left to right) the following grade levels: 6th, 8th, 9th, 10th, 11th, and 12th.

Chapter 5

COCAINE

Cocaine is a drug which has received extensive attention in recent years, largely as a result of its widespread use in the entertainment and sports worlds, which may well explain its growth in popularity among youth as a recreational drug. It is generally very expensive, which may account for the relatively low frequency with which it is used by high school students, even now.

Prevalence of Use in 1983

Total Sample	Table(s)
• About one in every six seniors (16%) report having used cocaine at some time in their lives. However, nearly half of those have used it only once or twice.	1,2,6
• Annual prevalence is 11.4% and 30-day prevalence about 5%.	3,4
• The percentage reporting use on 20 or more occasions in their lifetime is 2.3%, and only .2% of high school seniors report using at a daily level in the prior month. In fact, only about 1.7% report use on more than two occasions during the month.	6
Subgroup Differences	
• Sex Differences. Cocaine use is greater among males than females, with annual prevalence rates of 13.2% and 9.3%, respectively.	2,3,4,5
• College Plans. Prevalence rates are slightly higher among noncollege-bound seniors—annual prevalence for 1983 noncollege-bound seniors was 12.2%, compared to 9.9% for college-bound seniors, while lifetime prevalence rates were 18.3% versus 13.6%.	2,3,4,5
• Region of the Country. There are large regional differences in cocaine use with the highest prevalence observed in the West (19.2% annual rate), followed by the Northeast (15.2%), the North Central (8.0%), and the South (7.7%).	2,3,4,5
• Population Density. Cocaine prevalence is more than twice as high in the large metropolitan areas (16.9% annual prevalence) compared to the nonmetropolitan areas (7.3% annual prevalence).	2,3,4,5

Recent Trends in Prevalence

Total Sample	Table(s)
• From 1976 to 1979 cocaine exhibited a dramatic and accelerating increase in popularity, with annual prevalence going from 6% in the class of 1976 to 12% in the class of 1979—a two-fold increase in just three years. A turning point was reached in 1980, when the rise in prevalence rates for all three time intervals (lifetime, annual, and thirty-day) began to level out, and since then, there has been little overall change in cocaine use. In 1983, both annual and 30-day prevalence rates are slightly lower than they were in 1980, and lifetime prevalence is a bit higher.	2,3,4
• Daily or near daily use was less than 0.1% in 1975 and rose to 0.3% in 1980. This rate remained unchanged in 1981 and fell to 0.2% in 1982 and 1983.	6

Subgroup Differences in Trends

• All subgroups showed an increase in their reported rates of cocaine use up through 1979. From 1979 through 1983 there has been little in the way of clear or consistent subgroup trends.	2,3,4
• There has been a fair amount of regional fluctuation in cocaine use since overall prevalence rates began to level out in 1980. Use in the North Central region has declined steadily since 1980 and is now very close to the South. Compared to 1980, rates in the West have declined slightly while rates in the Northeast have increased slightly.	2,3,4

Use at Earlier Grade Levels

• The acquisition of cocaine-using behavior occurs at older age levels than most of the other drugs. Of those who have used cocaine, most first users tried it in tenth, eleventh, or twelfth grade. Unlike most other drugs, there is much less of a tendency for the rate of initiation to decline by twelfth grade.	7 Fig 2
• During the years for which we can reconstruct prevalence estimates at earlier grade levels, using retrospective data from these nine cohorts, initiation rates at the sixth through ninth grade levels remained relatively stable.	7,9 Fig 1
• Initiation rates in the upper grades have tended to mirror overall trends discussed for 12th graders—that is, they leveled out around the turn of the decade and after decreasing slightly, have stabilized.	7 Fig 1
• Subgroup differences in early initiation largely mirror aggregate subgroup trends. Thus more males, noncollege-bound	8,9

students, students in the West and Northeast, and students residing in large metropolitan areas, begin cocaine use at an early age. (Early initiation is particularly high in the West.)

Probability of Future Use

- About 78% of the 1983 seniors say they "definitely will not" use cocaine five years in the future, a slight increase from 73% in 1981. 6

- The proportion of students indicating that they may use cocaine in the future increased moderately between 1975 and 1979, changed little in 1980 and 1981, and has been modestly decreasing since. About 7% of 1983 seniors say they will "probably" or "definitely" be using cocaine five years in the future. 6

Degree and Duration of Highs

- Nearly two-thirds of seniors who used cocaine in the prior year say that they usually get "moderately high" (37%) or "very high" (25%). 10

- The largest number of users (41%) say they usually stay high from 1 to 2 hours on cocaine, though a substantial number (34%) say their highs last 3 to 6 hours. Another 10% say they stay high longer than 6 hours. 10

- There has generally been a drop in both the degree and duration of highs experienced by cocaine users over the interval 1976 to 1983. In the class of 1976 some 85% of users said they usually get "moderately high" or "very high," compared with 62% in the class of 1983. And while 69% of the 1976 users said they usually stayed high three hours or more, only 44% of users in the class of 1983 made a similar claim. These changes in the degree and duration of cocaine highs could reflect reduced purity in the drugs available and/or a tendency for users to consume less per occasion. 10

TABLE 5-1

Cocaine: Prevalence (Ever Used) and Recency of Use by Subgroups, Class of 1983

(Entries are percentages)

	Number of Cases (Approx.)	Ever used	Past month	Past year, not past month	Not past year	Never used
All seniors	16300	16.2	4.9	6.5	4.8	83.8
Sex:						
Male	7800	18.6	5.7	7.5	5.4	81.4
Female	8000	13.4	4.1	5.2	4.1	86.6
College Plans:						
None or under 4 yrs	6300	18.3	5.5	6.7	6.1	81.7
Complete 4 yrs	8800	13.6	4.0	5.9	3.7	86.4
Region:						
Northeast	3900	20.5	6.9	8.3	5.3	79.5
North Central	4600	12.5	2.8	5.2	4.5	87.5
South	5200	12.0	2.8	4.9	4.3	88.0
West	2600	25.1	10.0	9.2	5.9	74.9
Population Density:						
Large SMSA	4200	22.6	8.4	8.5	5.7	77.4
Other SMSA	6800	16.0	4.3	6.9	4.8	84.0
Non-SMSA	5300	11.6	3.0	4.3	4.3	88.4

NOTE: See Appendix D for definition of variables in table.

TABLE 5-2

Cocaine: Trends in Lifetime Prevalence of Use by Subgroups

	Percent ever used									
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	'82-'83 change
All seniors	9.0	9.7	10.8	12.9	15.4	15.7	16.5	16.0	16.2	+0.2
Sex:										
Male	11.2	11.9	13.3	15.6	18.4	18.4	18.7	18.0	18.6	+0.6
Female	6.9	7.4	8.0	9.9	12.1	12.8	13.8	13.7	13.4	-0.3
College Plans:										
None or under 4 yrs	NA	10.8	12.0	14.2	17.8	17.6	18.1	18.1	18.3	+0.2
Complete 4 yrs	NA	7.8	8.6	10.4	12.0	13.2	14.4	13.4	13.6	+0.2
Region:										
Northeast	8.8	10.3	11.9	16.0	17.5	17.9	21.7	21.8	20.5	-1.3
North Central	8.5	9.0	9.7	12.2	13.9	14.0	14.0	13.3	12.5	-0.8
South	8.3	8.9	9.7	10.5	11.6	10.9	10.0	10.0	12.0	+2.0
West	11.6	12.1	13.1	14.4	21.9	24.6	26.4	23.8	25.1	+1.3
Population Density:										
Large SMSA	11.1	12.7	13.1	16.4	19.8	22.5	21.9	22.0	22.6	+0.6
Other SMSA	9.6	9.5	10.7	12.8	15.3	15.0	15.8	14.3	16.0	+1.7
Non-SMSA	6.9	7.8	8.9	9.9	12.0	11.6	13.3	13.2	11.6	-1.6

NOTES: Level or significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C, current numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 5-3

Cocaine: Trends in Annual Prevalence of Use by Subgroups

	Percent who used in last twelve months									
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	'82-'83 change
All seniors	5.6	6.0	7.2	9.0	12.0	12.3	12.4	11.5	11.4	-0.1
Sex:										
Male	7.5	7.5	9.3	11.4	14.6	14.8	13.8	13.1	13.2	+0.1
Female	3.9	4.4	4.9	6.5	9.3	9.8	10.4	9.6	9.3	-0.3
College Plans:										
None or under 4 yrs	NA	6.6	8.1	9.5	13.7	13.2	12.4	12.5	12.2	-0.3
Complete 4 yrs	NA	5.0	5.5	7.7	9.5	10.8	11.5	9.9	9.9	0.0
Region:										
Northeast	5.3	6.6	7.9	11.8	13.8	14.2	16.8	16.9	15.2	-1.7
North Central	5.1	5.5	6.3	8.5	10.5	10.9	9.4	9.0	8.0	-1.0
South	5.4	5.1	6.0	6.8	8.5	7.8	6.8	6.3	7.7	+1.4
West	7.8	7.9	10.2	10.7	18.6	20.6	22.1	17.9	19.2	+1.3
Population Density:										
Large SMSA	7.3	8.6	8.6	12.3	16.6	18.7	17.5	17.2	16.9	-0.3
Other SMSA	5.9	5.8	7.3	8.9	11.7	11.3	11.5	10.1	11.2	+1.1
Non-SMSA	4.3	4.3	5.8	6.4	8.9	8.9	9.4	8.5	7.3	-1.2

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 5-4

Cocaine: Trends in Thirty-Day Prevalence of Use by Subgroups

	Percent who used in last thirty days									
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	'82-'83 change
All seniors	1.9	2.0	2.9	3.9	5.7	5.2	5.8	5.0	4.9	-0.1
Sex:										
Male	2.5	2.5	3.9	5.0	6.8	6.0	6.3	5.9	5.7	-0.2
Female	1.2	1.4	1.9	2.6	4.4	4.3	5.0	3.8	4.1	+0.3
College Plans:										
None or under 4 yrs	NA	2.2	3.3	4.0	6.4	5.9	5.6	5.2	5.5	+0.3
Complete 4 yrs	NA	1.6	2.1	3.3	4.3	4.2	5.5	4.3	4.0	-0.3
Region:										
Northeast	1.7	2.4	3.5	5.7	6.8	5.4	8.1	7.9	6.9	-1.0
North Central	1.7	1.6	2.4	3.4	4.5	4.4	3.8	3.6	2.8	-0.8
South	1.6	1.6	2.2	2.7	3.6	3.2	2.9	2.6	2.8	+0.2
West	3.1	3.4	4.8	4.8	10.0	10.2	12.0	7.7	10.0	+2.3s
Population Density:										
Large SMSA	2.6	3.5	3.8	5.7	8.3	7.6	8.8	8.3	8.4	+0.1
Other SMSA	1.9	1.8	2.6	3.9	5.3	4.7	4.9	4.3	4.3	0.0
Non-SMSA	1.4	1.3	2.6	2.5	4.1	4.2	4.7	3.1	3.0	-0.1

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 5-5

Cocaine: Frequency of Use in the Last Year by Subgroups, Class of 1983

(Entries are percentages)

	Number of Cases (Approx.)	Number of occasions in last 12 months						
		None	1-2	3-5	6-9	10-19	20-39	40+
All seniors	16300	88.6	5.8	2.4	1.2	1.1	0.5	0.4
Sex:								
Male	7800	86.8	7.1	2.7	1.3	1.1	0.5	0.5
Female	8000	90.7	4.6	1.9	1.1	1.0	0.5	0.2
College Plans:								
None or under 4 yrs	6300	87.8	6.1	2.4	1.3	1.3	0.6	0.4
Complete 4 yrs	8800	90.1	5.4	2.1	1.1	0.8	0.3	0.3
Region:								
Northeast	3900	84.8	7.2	3.6	1.9	1.5	0.5	0.6
North Central	4600	92.0	4.8	1.3	0.7	0.7	0.2	0.3
South	5200	92.3	4.5	1.6	0.6	0.5	0.2	0.2
West	2600	80.8	8.3	4.1	2.4	2.2	1.6	0.6
Population Density:								
Large SMSA	4200	83.1	7.6	3.6	2.1	1.8	1.0	0.7
Other SMSA	6800	88.8	6.2	2.2	1.1	1.0	0.4	0.3
Non-SMSA	5300	92.7	4.0	1.7	0.7	0.5	0.2	0.2

NOTE: See Appendix D for definition of variables in table.

TABLE 5-6

Cocaine: Trends in Frequency of Use for Lifetime, Last Year, and Last Thirty Days and in Probability of Future Use

(Entries are percentages)

	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983
Lifetime use									
No occasions	91.0	90.3	89.2	87.1	84.6	84.3	83.5	84.0	83.8
1-2 occasions	4.3	5.1	5.4	6.7	7.0	6.5	7.2	6.9	7.5
3-5 occasions	2.0	2.0	1.9	2.5	2.8	2.9	3.1	3.0	3.0
6-9 occasions	0.9	1.0	1.2	1.4	1.7	2.0	1.8	2.1	1.8
10-19 occasions	0.8	0.7	1.1	1.0	1.6	1.9	1.8	1.7	1.7
20-39 occasions	0.5	0.5	0.5	0.6	0.9	1.1	1.1	1.0	1.1
40 or more	0.4	0.4	0.6	0.7	1.3	1.3	1.6	1.4	1.2
N =	(9874)	(15930)	(17689)	(18203)	(16092)	(15945)	(17678)	(17791)	(16464)
Use in last twelve months									
No occasions	94.4	94.0	92.8	91.0	88.0	87.7	87.6	88.5	88.6
1-2 occasions	3.3	3.5	4.0	5.1	5.9	5.9	5.8	5.4	5.8
3-5 occasions	1.0	1.2	1.3	1.7	2.3	2.6	2.6	2.5	2.4
6-9 occasions	0.6	0.6	0.9	0.9	1.6	1.6	1.5	1.4	1.2
10-19 occasions	0.4	0.4	0.5	0.7	1.1	1.2	1.3	1.2	1.1
20-39 occasions	0.2	0.2	0.2	0.3	0.5	0.5	0.6	0.5	0.5
40 or more	0.2	0.1	0.2	0.3	0.6	0.5	0.6	0.5	0.4
N =	(9864)	(15910)	(17676)	(18178)	(16069)	(15922)	(17662)	(17776)	(16437)
Use in last thirty days									
No occasions	98.1	98.0	97.1	96.1	94.3	94.8	94.2	95.0	95.1
1-2 occasions	1.2	1.4	1.9	2.5	3.5	3.2	3.5	3.1	3.2
3-5 occasions	0.4	0.3	0.6	0.8	1.1	1.0	1.1	0.9	0.9
6-9 occasions	0.1	0.2	0.3	0.4	0.5	0.5	0.7	0.5	0.4
10-19 occasions	0.0	0.1	0.1	0.2	0.3	0.3	0.4	0.3	0.2
20-39 occasions	0.0	0.0	0.0	0.1	0.1	0.1	0.1	0.1	0.1
40 or more	0.0	0.0	0.0	0.1	0.1	0.2	0.2	0.1	0.1
N =	(9861)	(15904)	(17669)	(18175)	(16067)	(15927)	(17663)	(17764)	(16438)
Probability of future use									
Definitely will not	81.2	79.3	77.1	74.6	73.9	73.9	73.3	75.6	77.5
Probably will not	15.1	15.7	16.7	17.6	16.2	16.9	17.5	16.0	15.0
Probably will	3.0	3.9	4.9	6.3	8.1	7.1	7.0	6.7	6.2
Definitely will	0.8	1.1	1.2	1.5	1.8	2.0	2.3	1.7	1.3
N =	(2894)	(3071)	(3435)	(3513)	(3150)	(3106)	(3429)	(3456)	(3235)

TABLE 5-7

Cocaine: Trends in Grade in Which First Used

	Percent reporting first use in each grade								
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983
Sixth grade (or below)	0.0	0.0	0.2	0.1	0.0	0.1	0.1	0.1	0.2
Seventh or Eighth grade	0.3	0.3	0.5	0.5	0.5	0.5	0.4	0.5	0.6
Ninth grade	0.8	1.2	2.0	1.6	1.3	1.7	1.7	1.8	2.2
Tenth grade	1.5	2.9	2.4	2.4	3.0	3.3	4.0	3.9	3.4
Eleventh grade	3.6	3.1	3.6	4.6	5.5	5.8	6.1	5.4	5.3
Twelfth grade	2.8	2.1	2.0	3.7	5.1	4.3	4.2	4.3	4.5
Never used	91.0	90.3	89.2	87.1	84.6	84.3	83.5	84.0	83.8
N[a] =	(2915)	(2947)	(6160)	(6185)	(5665)	(5605)	(6284)	(6382)	(5864)

---

[a] This question was asked in one form only in 1975 and 1976 and in two forms in all subsequent years.

TABLE 5-8

Cocaine: Grade in Which First Used by Subgroups, Class of 1983

(Entries are percentages)

		Grade in school						
	Number of Cases (Approx.)	6 or below	7/8	9	10	11	12	Never used
All seniors	5800	0.2	0.6	2.2	3.4	5.3	4.5	83.8
Sex:								
Male	2800	0.2	0.8	2.7	3.7	6.4	4.7	81.4
Female	2900	0.1	0.3	1.6	3.1	4.0	4.2	86.6
College Plans:								
None or under 4 yrs	2100	0.3	0.6	2.4	4.6	6.1	4.3	81.7
Complete 4 yrs	3400	0.1	0.6	1.6	2.8	4.4	4.0	86.4
Region:								
Northeast	1300	0.2	0.5	2.4	4.3	7.9	5.3	79.5
North Central	1500	0.1	0.4	1.5	3.5	4.3	2.8	87.5
South	1900	0.1	0.6	2.0	2.4	3.5	3.4	88.0
West	1100	0.3	0.9	3.5	4.4	7.3	8.6	74.9
Population Density:								
Large SMSA	1700	0.4	0.5	3.1	5.2	7.7	5.7	77.4
Other SMSA	2500	0.0	0.7	2.4	3.1	5.1	4.7	84.0
Non-SMSA	1500	0.2	0.3	1.4	2.6	3.7	3.4	88.4

NOTE: See Appendix D for definition of variables in table.

TABLE 5-9

Cocaine: Trends in Use Prior to Tenth Grade by Subgroups

	Percent reporting first use prior to tenth grade[a]									
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	'82-'83 change
All seniors	1.1	1.5	2.7	2.2	1.8	2.3	2.2	2.4	3.0	+0.6
Sex:										
Male	1.3	1.9	3.2	2.9	2.5	3.5	2.6	2.6	3.7	+1.1s
Female	1.0	1.0	2.0	1.5	1.3	1.3	1.4	2.2	2.0	-0.2
College Plans:										
None or under 4 yrs	NA	1.5	2.8	2.7	2.5	2.9	2.6	3.5	3.3	-0.2
Complete 4 yrs	NA	1.4	2.0	1.5	1.3	1.7	1.6	1.6	2.3	+0.7
Region:										
Northeast	1.3	1.8	2.3	2.6	2.1	2.1	2.9	3.8	3.1	-0.7
North Central	0.7	1.3	1.9	2.2	1.6	2.4	2.0	2.3	2.0	-0.3
South	0.7	1.7	3.0	1.4	1.3	1.1	1.1	1.1	2.7	+1.6ss
West	1.9	1.6	4.4	2.6	3.2	4.3	3.7	3.4	4.7	+1.3
Population Density:										
Large SMSA	1.5	2.6	2.7	2.4	2.2	3.4	2.9	3.4	4.0	+0.6
Other SMSA	1.3	1.6	2.8	2.5	2.3	2.4	1.9	1.9	3.1	+1.2ss
Non-SMSA	0.4	0.7	2.2	1.8	1.0	1.6	2.0	2.3	1.9	-0.4

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C.

See Appendix D for definition of variables in table.

NA indicates data not available.

[a] This question was asked in one form only in 1975 and 1976 and in two forms in all subsequent years.

TABLE 5-10

Cocaine: Trends in Degree and Duration of Feeling High

Q. When you take cocaine how high do you usually get?[a]		Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983
PERCENT OF RECENT USERS:										
I don't take it to get high		1.1	0.8	0.3	0.0	2.1	1.9	0.6	2.1	1.9
Not at all high		3.5	2.9	4.5	5.5	3.6	3.6	7.4	6.4	10.1
A little high		18.8	11.8	17.9	17.6	19.6	22.9	22.1	22.7	25.7
Moderately high		40.1	45.1	45.9	38.2	50.6	43.7	42.4	44.5	37.0
Very high		36.6	39.5	31.4	38.6	24.2	27.9	27.5	24.3	25.3
	N =	(124)	(183)	(260)	(335)	(394)	(360)	(434)	(421)	(343)
PERCENT OF ALL RESPONDENTS:										
No use in last 12 months		94.4	94.0	92.8	91.0	87.5	88.4	87.2	87.9	89.4
I don't take it to get high		0.1	0.0	0.0	0.0	0.3	0.2	0.1	0.3	0.2
Not at all high		0.2	0.2	0.3	0.5	0.5	0.4	0.9	0.8	1.1
A little high		1.1	0.7	1.3	1.6	2.5	2.7	2.8	2.7	2.7
Moderately high		2.2	2.7	3.3	3.4	6.3	5.1	5.4	5.4	3.9
Very high		2.0	2.4	2.3	3.5	3.0	3.2	3.5	2.9	2.7
	N =	(2214)	(3050)	(3611)	(3722)	(3142)	(3105)	(3400)	(3473)	(3235)

Q. When you take cocaine how long do you usually stay high?[a]		Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983
PERCENT OF RECENT USERS:										
Usually don't get high		3.4	2.8	3.6	5.8	5.8	7.2	8.2	8.2	14.5
One to two hours		31.0	27.6	31.9	33.2	43.3	38.2	45.9	43.2	41.3
Three to six hours		47.5	46.8	49.4	39.6	36.5	36.0	33.8	34.5	34.1
Seven to 24 hours		14.4	19.6	13.1	20.9	14.1	17.3	9.8	13.3	8.7
More than 24 hours		3.7	3.1	1.9	0.5	0.3	1.3	2.3	0.8	1.4
	N =	(125)	(182)	(256)	(331)	(392)	(357)	(432)	(419)	(344)
PERCENT OF ALL RESPONDENTS:										
No use in last 12 months		94.4	94.0	92.8	91.0	87.5	88.5	87.3	87.9	89.4
Usually don't get high		0.2	0.2	0.3	0.5	0.7	0.8	1.0	1.0	1.5
One to two hours		1.7	1.7	2.3	3.0	5.4	4.4	5.8	5.2	4.4
Three to six hours		2.7	2.8	3.6	3.6	4.6	4.2	4.3	4.2	3.6
Seven to 24 hours		0.8	1.2	0.9	1.9	1.8	2.0	1.2	1.6	0.9
More than 24 hours		0.2	0.2	0.1	0.0	0.0	0.1	0.3	0.1	0.2
	N =	(2232)	(3033)	(3556)	(3678)	(3140)	(3102)	(3398)	(3471)	(3235)

---

[a] These questions appear in just one form. They are asked only of respondents who report use of the drug in the prior twelve months (i.e., "recent users").

FIGURE 5-1

Cocaine: Trends in Lifetime Prevalence for Earlier Grade Levels
Based on Retrospective Reports from Seniors

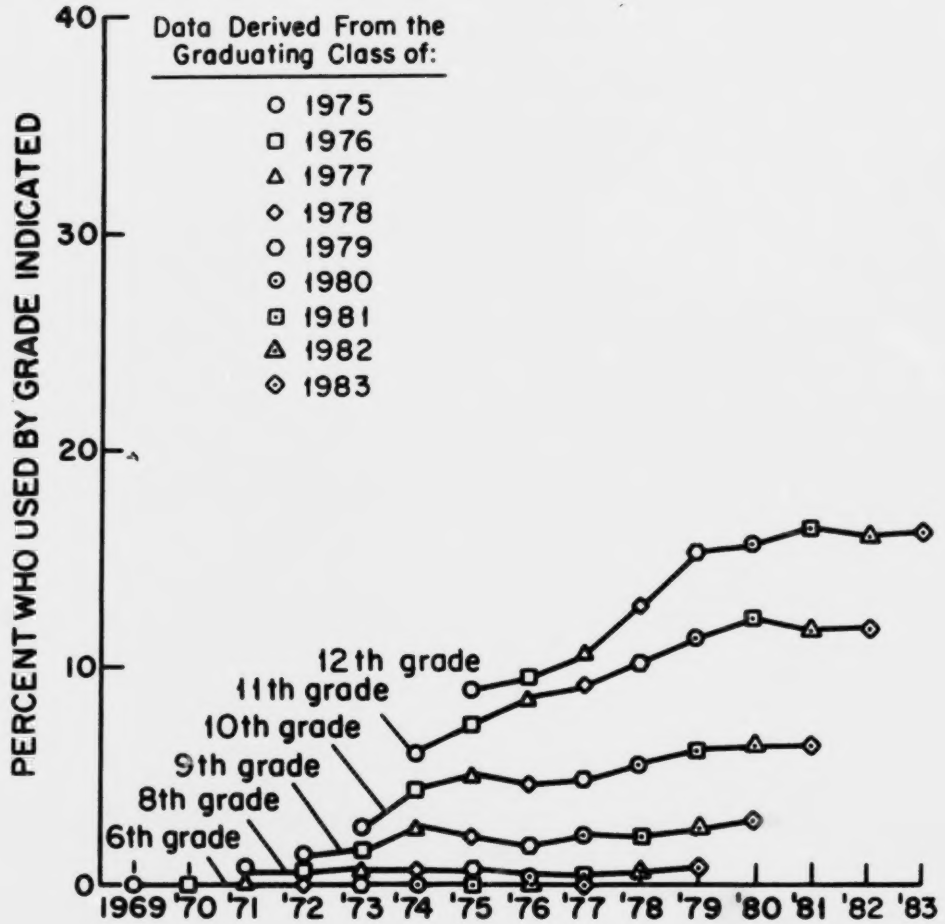
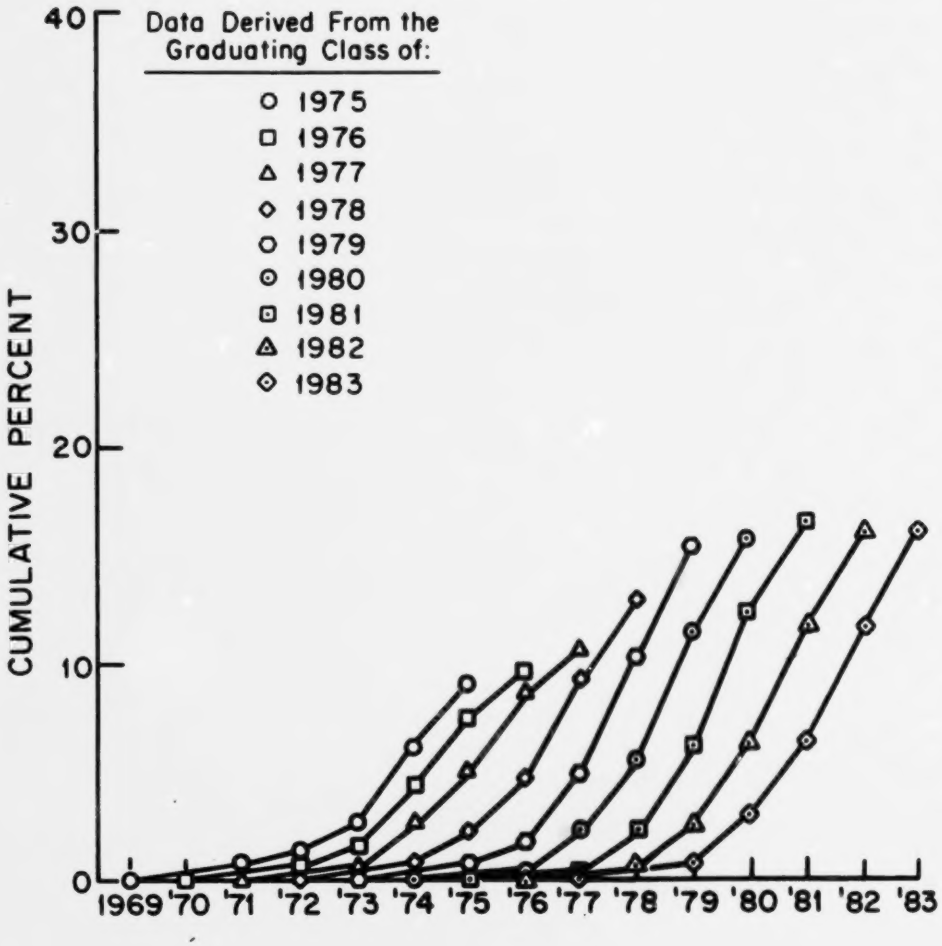


FIGURE 5-2

Cocaine: Cumulative Lifetime Prevalence for Each Graduating Class by Grade Level



NOTE: Each ascending curve represents the cumulative lifetime prevalence for a single graduating class, with the six sequential points demarcating (from left to right) the following grade levels: 6th, 8th, 9th, 10th, 11th, and 12th.

Chapter 6

HEROIN

Heroin is the drug most widely perceived among high school students as carrying a great risk of harm for the user; it also receives the greatest disapproval (see Chapter 13). Thus it is not surprising that heroin is the least widely used of the illicit drugs studied. However, the extreme social sanctions against its use may also tend to depress respondent willingness to report use of this particular drug. Therefore, the absolute prevalence figures must be interpreted with a high degree of caution. Insofar as under-reporting biases are likely to remain fairly constant from year to year, however, we feel that trends may be estimated more reliably than absolute prevalence levels.

Prevalence of Use in 1983

Total Sample	Table(s)
• Only 1.2% of all respondents admit to ever having used heroin, and only one-half of this number (0.6%) indicate use in the prior year.	1,2,3
• The number indicating use in the prior 30 days is 0.2%.	4
• Less than 0.1% of all respondents report use more frequently than two times in the last month.	6

Subgroup Differences	
• Because of the very low frequencies in the overall prevalence figures, subgroup differences must be interpreted with caution. However, the two differences described below related to the sex and college plans of the respondent have been observed consistently across all years of the study.	
• Sex Differences. The prevalence rates for males are somewhat higher than for females. For example, the annual prevalence figures in 1983 were 0.7% for males and 0.4% for females.	2,3,4,5
• College Plans. Those who do not plan to complete four years of college have somewhat higher prevalence rates than those who do. In 1983, the annual prevalence statistics were 0.9% and 0.3%, respectively, and lifetime prevalence rates were 1.7% and 0.8%, respectively.	2,3,4,5
• There have been no consistent subgroup differences associated with either region of the country or degree of urbanicity.	2,3,4,5

Recent Trends in Prevalence

Total Sample

Table(s)

- Over the four year interval 1975 to 1979 the lifetime, annual, and monthly prevalence rates for heroin all dropped by one-half. However, these statistics have remained unchanged since 1979. 2,3,4

Subgroup Differences in Trends

- Because of the very small numbers of self-reported users in each year, subgroup trends can be estimated less reliably than overall trends. Further, downward trends (stated as a percentage of the sample) are very limited in their potential absolute size. Within these constraints, we can observe that each subgroup has shown a decline in reported heroin use from the levels reported in the mid-1970's. 2,3,4

Use at Earlier Grade Levels

- Since only 1.2% report having ever used heroin, the percentages reporting first use at any particular grade level are extremely low. The great majority of those having any experience with the drug started in ninth grade or later. In none of the cohorts studied here have more than 0.2% of the respondents reported initial heroin use prior to ninth grade. 7,8

- The proportion of seniors reporting initial use in the latter grades (i.e., tenth through twelfth) decreased sharply between 1975 and 1979, in conjunction with the overall decrease in heroin use. There have been some minor fluctuations in initiation rates at the latter grade levels since then, however, the overall pattern is one of relative stability. 7 Fig 1

Probability of Future Use and Degree and Duration of Highs

- The questions concerning "probability of future use" and "degree and duration of highs" have been omitted from the surveys since 1982. These questions were only asked of youth reporting heroin use within the past twelve months, which in most years amounted to 20 or fewer respondents. Due to the small pool of eligible respondents, and to allow for the inclusion of more pertinent questions without lengthening the questionnaire, these questions have not been asked since 1981. Nevertheless, the available data generated in response to these questions allow for some interesting observations.

- About 92% of 1981 seniors said they "definitely will not" use heroin five years in the future and another 7.3% said they "probably will not." These very high percentages, which did not change in any systematic way between 1975 and 1981, are higher than for any other drug class covered in the survey. 6

Table(s)

- There was no evidence of any consistent directional trend in the degree or duration of highs on heroin. Accordingly, some accuracy in estimates can be gained by combining all recent users from the classes of 1975 through 1981 (a total of 120 respondents). 10

  Nearly two-thirds of those users (63% across 1975-1981, 65% in 1981) reported that they usually got "very high" on heroin. 10

- Nearly all users indicated that they usually stayed high at least 3 hours, and nearly half said they stayed high for longer than 6 hours. 10

TABLE 6-1

Heroin: Prevalence (Ever Used) and Recency of Use by Subgroups, Class of 1983

(Entries are percentages)

	Number of Cases (Approx.)	Ever used	Past month	Past year, not past month	Not past year	Never used
All seniors	16300	1.2	0.2	0.4	0.6	98.8
Sex:						
Male	7800	1.5	0.4	0.3	0.8	98.5
Female	8000	0.8	0.1	0.3	0.4	99.2
College Plans:						
None or under 4 yrs	6300	1.7	0.4	0.5	0.8	98.3
Complete 4 yrs	8800	0.8	0.1	0.2	0.5	99.2
Region:						
Northeast	3900	1.1	0.3	0.3	0.5	98.9
North Central	4600	1.3	0.2	0.2	0.9	98.7
South	5200	1.4	0.3	0.4	0.7	98.6
West	2600	0.9	0.2	0.3	0.4	99.1
Population Density:						
Large SMSA	4200	1.2	0.3	0.3	0.6	98.8
Other SMSA	6800	1.1	0.2	0.2	0.7	98.9
Non-SMSA	5300	1.5	0.2	0.5	0.8	98.5

NOTE: See Appendix D for definition of variables in table.

TABLE 6-2

Heroin: Trends in Lifetime Prevalence of Use by Subgroups

	Percent ever used									
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	'82-'83 change
All seniors	2.2	1.8	1.8	1.6	1.1	1.1	1.1	1.2	1.2	0.0
Sex:										
Male	2.7	2.4	2.4	2.0	1.4	1.3	1.2	1.4	1.5	+0.1
Female	1.7	1.2	1.1	1.2	0.9	0.9	0.8	0.8	0.8	0.0
College Plans:										
None or under 4 yrs	NA	2.3	2.2	1.9	1.6	1.5	1.2	1.5	1.7	+0.2
Complete 4 yrs	NA	1.3	1.2	1.2	0.7	0.7	0.9	0.8	0.8	0.0
Region:										
Northeast	1.9	1.7	1.5	1.3	1.2	1.2	1.0	1.3	1.1	-0.2
North Central	2.6	2.0	1.9	1.4	1.2	1.3	1.2	1.2	1.3	+0.1
South	2.1	2.0	2.1	2.1	1.2	1.1	0.9	1.1	1.4	+0.3
West	1.8	1.4	1.2	1.6	0.8	0.7	1.1	0.9	0.9	0.0
Population Density:										
Large SMSA	2.5	2.1	1.4	1.4	0.8	0.8	0.9	1.4	1.2	-0.2
Other SMSA	2.2	2.1	1.7	1.8	1.2	1.2	1.0	1.1	1.1	0.0
Non-SMSA	1.9	1.3	2.2	1.6	1.3	1.2	1.3	1.1	1.5	+0.4

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 6-3

Heroin: Trends in Annual Prevalence of Use by Subgroups

	Percent who used in last twelve months									
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	'82-'83 change
All seniors	1.0	0.8	0.8	0.8	0.5	0.5	0.5	0.6	0.6	0.0
Sex:										
Male	1.2	1.0	1.2	1.1	0.6	0.6	0.6	0.8	0.7	-0.1
Female	0.8	0.5	0.4	0.6	0.3	0.4	0.3	0.4	0.4	0.0
College Plans:										
None or under 4 yrs	NA	0.9	1.1	1.0	0.7	0.6	0.5	0.7	0.9	+0.2
Complete 4 yrs	NA	0.6	0.5	0.6	0.3	0.3	0.5	0.4	0.3	-0.1
Region:										
Northeast	1.1	0.7	0.7	0.6	0.6	0.5	0.5	0.9	0.6	-0.3
North Central	1.3	1.0	1.0	0.8	0.5	0.7	0.6	0.5	0.4	-0.1
South	0.9	0.7	0.9	1.1	0.6	0.3	0.5	0.5	0.7	+0.2
West	0.7	0.6	0.5	0.8	0.2	0.4	0.5	0.3	0.5	+0.2
Population Density:										
Large SMSA	1.3	1.0	0.5	0.7	0.4	0.3	0.3	0.7	0.6	-0.1
Other SMSA	0.9	1.0	0.8	0.8	0.6	0.5	0.5	0.4	0.4	0.0
Non-SMSA	1.0	0.4	1.1	1.0	0.5	0.6	0.7	0.6	0.7	+0.1

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 6-4

Heroin: Trends in Thirty-Day Prevalence of Use by Subgroups

	Percent who used in last thirty days									
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	'82-'83 change
All seniors	0.4	0.2	0.3	0.3	0.2	0.2	0.2	0.2	0.2	0.0
Sex:										
Male	0.4	0.3	0.5	0.6	0.2	0.3	0.3	0.4	0.4	0.0
Female	0.3	0.1	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.0
College Plans:										
None or under 4 yrs	NA	0.2	0.4	0.4	0.3	0.3	0.3	0.3	0.4	+0.1
Complete 4 yrs	NA	0.2	0.2	0.2	0.1	0.1	0.1	0.2	0.1	-0.1
Region:										
Northeast	0.3	0.3	0.5	0.3	0.3	0.2	0.2	0.4	0.3	-0.1
North Central	0.6	0.2	0.4	0.2	0.2	0.4	0.2	0.2	0.2	0.0
South	0.4	0.2	0.2	0.5	0.1	0.1	0.2	0.2	0.3	+0.1
West	0.3	0.1	0.2	0.3	0.1	0.2	0.2	0.1	0.2	+0.1
Population Density:										
Large SMSA	0.5	0.3	0.3	0.3	0.1	0.3	0.2	0.3	0.3	0.0
Other SMSA	0.3	0.2	0.3	0.3	0.2	0.2	0.3	0.3	0.2	-0.1
Non-SMSA	0.5	0.1	0.4	0.4	0.2	0.2	0.2	0.2	0.2	0.0

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 6-5

Heroin: Frequency of Use in the Last Year by Subgroups, Class of 1983

(Entries are percentages)

	Number of Cases (Approx.)	Number of occasions in last 12 months						
		None	1-2	3-5	6-9	10-19	20-39	40+
All seniors	16300	99.4	0.3	0.1	0.1	0.0	0.0	0.1
Sex:								
Male	7800	99.3	0.4	0.1	0.1	0.0	0.0	0.1
Female	8000	99.6	0.2	0.0	0.0	0.0	0.0	0.0
College Plans:								
None or under 4 yrs	6300	99.1	0.5	0.1	0.1	0.0	0.1	0.1
Complete 4 yrs	8800	99.7	0.2	0.0	0.0	0.0	0.0	0.0
Region:								
Northeast	3900	99.4	0.3	0.1	0.1	0.0	0.0	0.1
North Central	4600	99.6	0.3	0.0	0.0	0.0	0.0	0.0
South	5200	99.3	0.2	0.2	0.1	0.0	0.1	0.0
West	2600	99.5	0.4	0.0	0.0	0.0	0.0	0.1
Population Density:								
Large SMSA	4200	99.4	0.3	0.1	0.1	0.0	0.1	0.0
Other SMSA	6800	99.6	0.2	0.1	0.0	0.0	0.0	0.1
Non-SMSA	5300	99.3	0.5	0.1	0.0	0.0	0.0	0.1

NOTE: See Appendix D for definition of variables in table.

TABLE 6-6

Heroin: Trends in Frequency of Use for Lifetime, Last Year, and Last Thirty Days and in Probability of Future Use

(Entries are percentages)

	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983
Lifetime use									
No occasions	97.8	98.2	98.2	98.4	98.9	98.9	98.9	98.8	98.8
1-2 occasions	1.4	1.2	1.1	1.1	0.7	0.7	0.6	0.7	0.8
3-5 occasions	0.2	0.2	0.2	0.3	0.1	0.2	0.2	0.2	0.2
6-9 occasions	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.0	0.1
10-19 occasions	0.2	0.1	0.1	0.1	0.1	0.1	0.0	0.1	0.1
20-39 occasions	0.0	0.0	0.1	0.1	0.0	0.0	0.0	0.0	0.0
40 or more	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1
N =	(9494)	(15895)	(17609)	(18141)	(16055)	(15895)	(17639)	(17755)	(16378)
Use in last twelve months									
No occasions	99.0	99.2	99.2	99.2	99.5	99.5	99.5	99.4	99.4
1-2 occasions	0.6	0.5	0.5	0.5	0.3	0.3	0.3	0.4	0.3
3-5 occasions	0.1	0.1	0.1	0.1	0.1	0.1	0.0	0.0	0.1
6-9 occasions	0.1	0.1	0.1	0.1	0.1	0.0	0.0	0.0	0.1
10-19 occasions	0.1	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0
20-39 occasions	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
40 or more	0.1	0.0	0.1	0.0	0.0	0.0	0.1	0.0	0.1
N =	(9525)	(15893)	(17602)	(18142)	(16058)	(15896)	(17635)	(17764)	(16376)
Use in last thirty days									
No occasions	99.6	99.8	99.7	99.7	99.8	99.8	99.8	99.8	99.8
1-2 occasions	0.2	0.1	0.2	0.2	0.1	0.1	0.1	0.1	0.1
3-5 occasions	0.1	0.0	0.1	0.1	0.1	0.0	0.0	0.0	0.0
6-9 occasions	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
10-19 occasions	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
20-39 occasions	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
40 or more	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
N =	(9527)	(15894)	(17601)	(18142)	(16053)	(15891)	(17635)	(17766)	(16377)
Probability of future use									
Definitely will not	90.9	91.8	90.3	91.6	91.2	91.8	91.7	NA	NA
Probably will not	8.2	7.4	8.6	7.5	8.0	6.9	7.3	NA	NA
Probably will	0.3	0.3	0.5	0.4	0.3	0.6	0.4	NA	NA
Definitely will	0.6	0.5	0.6	0.6	0.5	0.7	0.6	NA	NA
N =	(2867)	(2980)	(3370)	(3416)	(3063)	(3023)	(3345)	(NA)	(NA)

TABLE 6-7

Heroin: Trends in Grade in Which First Used

	Percent reporting first use in each grade								
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983
Sixth grade (or below)	0.1	0.0	0.1	0.1	0.0	0.2	0.0	0.0	0.1
Seventh or Eighth grade	0.1	0.2	0.1	0.1	0.2	0.0	0.1	0.1	0.0
Ninth grade	0.1	0.3	0.4	0.3	0.2	0.2	0.3	0.3	0.3
Tenth grade	0.7	0.6	0.4	0.3	0.2	0.2	0.1	0.2	0.3
Eleventh grade	0.4	0.5	0.6	0.4	0.4	0.2	0.3	0.4	0.4
Twelfth grade	0.6	0.3	0.2	0.3	0.2	0.4	0.3	0.2	0.1
Never used	97.8	98.2	98.2	98.4	98.9	98.9	98.9	98.8	98.8
N[a] =	(2898)	(2958)	(6189)	(6237)	(5669)	(5621)	(6309)	(6402)	(5885)

---

[a] This question was asked in one form only in 1975 and 1976 and in two forms in all subsequent years.

TABLE 6-8

Heroin: Grade in Which First Used by Subgroups, Class of 1983

(Entries are percentages)

	Number of Cases (Approx.)	Grade in school						
		6 or below	7/8	9	10	11	12	Never used
All seniors	5800	0.1	0.0	0.3	0.3	0.4	0.1	98.8
Sex:								
Male	2800	0.1	0.0	0.5	0.3	0.4	0.1	98.5
Female	2900	0.0	0.0	0.1	0.2	0.3	0.1	99.2
College Plans:								
None or under 4 yrs	2100	0.1	0.0	0.5	0.3	0.4	0.4	98.3
Complete 4 yrs	3400	0.1	0.0	0.3	0.2	0.3	0.0	99.2
Region:								
Northeast	1300	0.2	0.1	0.1	0.0	0.7	0.1	98.9
North Central	1500	0.1	0.0	0.3	0.4	0.5	0.0	98.7
South	1900	0.0	0.0	0.6	0.4	0.2	0.3	98.6
West	1100	0.0	0.1	0.1	0.3	0.4	0.0	99.1
Population Density:								
Large SMSA	1700	0.0	0.1	0.4	0.0	0.6	0.1	98.8
Other SMSA	2500	0.1	0.0	0.4	0.2	0.2	0.0	98.9
Non-SMSA	1500	0.0	0.0	0.1	0.6	0.5	0.4	98.5

NOTE: See Appendix D for definition of variables in table.

TABLE 6-9

Heroin: Trends in Use Prior to Tenth Grade by Subgroups

	Percent reporting first use prior to tenth grade[a]									
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	'82-'83 change
All seniors	0.3	0.5	0.6	0.5	0.4	0.4	0.4	0.4	0.4	0.0
Sex:										
Male	0.6	0.8	0.6	0.8	0.4	0.6	0.4	0.3	0.6	+0.3
Female	0.2	0.3	0.3	0.4	0.4	0.4	0.2	0.4	0.2	-0.2
College Plans:										
None or under 4 yrs	NA	0.6	0.5	1.0	0.6	0.6	0.6	0.5	0.6	+0.1
Complete 4 yrs	NA	0.5	0.4	0.2	0.2	0.0	0.1	0.3	0.3	0.0
Region:										
Northeast	0.6	0.9	0.5	0.4	0.2	0.4	0.5	0.5	0.3	-0.2
North Central	0.4	0.7	0.3	0.3	0.1	0.3	0.6	0.3	0.4	+0.1
South	0.2	0.7	0.6	0.8	0.8	0.2	0.0	0.2	0.6	+0.4
West	0.3	0.2	0.4	1.0	0.0	0.3	0.4	0.2	0.3	+0.1
Population Density:										
Large SMSA	0.9	0.4	0.5	0.2	0.0	0.2	0.4	0.4	0.5	+0.1
Other SMSA	0.4	0.6	0.5	1.0	0.6	0.3	0.1	0.4	0.6	+0.2
Non-SMSA	0.2	0.5	0.6	0.7	0.2	0.3	0.5	0.3	0.1	-0.2

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C.

See Appendix D for definition of variables in table.

NA indicates data not available.

[a] This question was asked in one form only in 1975 and 1976 and in two forms in all subsequent years.

TABLE 6-10

Heroin: Trends in Degree and Duration of Feeling High

Q. *When you take heroin how high do you usually get?*[a]

	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983
PERCENT OF RECENT USERS:									
I don't take it to get high	0.0	0.0	9.0	5.2	0.0	0.0	0.0	NA	NA
Not at all high	5.3	0.0	0.0	8.8	0.0	0.0	8.2	NA	NA
A little high	0.0	7.9	20.6	12.1	18.3	0.0	0.0	NA	NA
Moderately high	29.2	20.9	27.9	17.8	0.0	11.2	27.2	NA	NA
Very high	65.5	71.2	42.4	56.1	81.7	88.8	64.6	NA	NA
N =	(21)	(20)	(20)	(19)	(8)	(6)	(26)	(NA)	(NA)
PERCENT OF ALL RESPONDENTS:									
No use in last 12 months	99.0	99.2	99.2	99.2	99.7	99.8	99.2	NA	NA
I don't take it to get high	0.0	0.0	0.1	0.0	0.0	0.0	0.0	NA	NA
Not at all high	0.1	0.0	0.0	0.1	0.0	0.0	0.1	NA	NA
A little high	0.0	0.1	0.2	0.1	0.0	0.0	0.0	NA	NA
Moderately high	0.3	0.2	0.2	0.1	0.0	0.0	0.2	NA	NA
Very high	0.7	0.6	0.3	0.4	0.2	0.2	0.5	NA	NA
N =	(2100)	(2500)	(2500)	(2375)	(3122)	(3068)	(3370)	(NA)	(NA)

Q. *When you take heroin how long do you usually stay high?*[a]

	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983
PERCENT OF RECENT USERS:									
Usually don't get high	5.3	0.0	0.0	0.0	0.0	0.0	3.4	NA	NA
One to two hours	15.2	20.0	22.6	8.8	15.9	0.0	3.0	NA	NA
Three to six hours	45.1	43.3	52.7	42.7	45.5	49.7	27.3	NA	NA
Seven to 24 hours	34.4	22.3	11.5	30.1	23.7	50.3	46.7	NA	NA
More than 24 hours	0.0	14.3	13.2	18.4	15.0	0.0	19.7	NA	NA
N =	(21)	(21)	(19)	(19)	(9)	(7)	(25)	(NA)	(NA)
PERCENT OF ALL RESPONDENTS:									
No use in last 12 months	99.0	99.2	99.2	99.2	99.7	99.8	99.3	NA	NA
Usually don't get high	0.1	0.0	0.0	0.0	0.0	0.0	0.0	NA	NA
One to two hours	0.2	0.2	0.2	0.1	0.0	0.0	0.0	NA	NA
Three to six hours	0.5	0.3	0.4	0.3	0.1	0.1	0.2	NA	NA
Seven to 24 hours	0.3	0.2	0.1	0.2	0.1	0.1	0.3	NA	NA
More than 24 hours	0.0	0.1	0.1	0.1	0.0	0.0	0.1	NA	NA
N =	(2100)	(2625)	(2375)	(2375)	(3123)	(3069)	(3369)	(NA)	(NA)

---

[a] These questions appear in just one form. They are asked only of respondents who report use of the drug in the prior twelve months (i.e., "recent users").

FIGURE 6-1

Heroin: Trends in Lifetime Prevalence for Earlier Grade Levels
Based on Retrospective Reports from Seniors

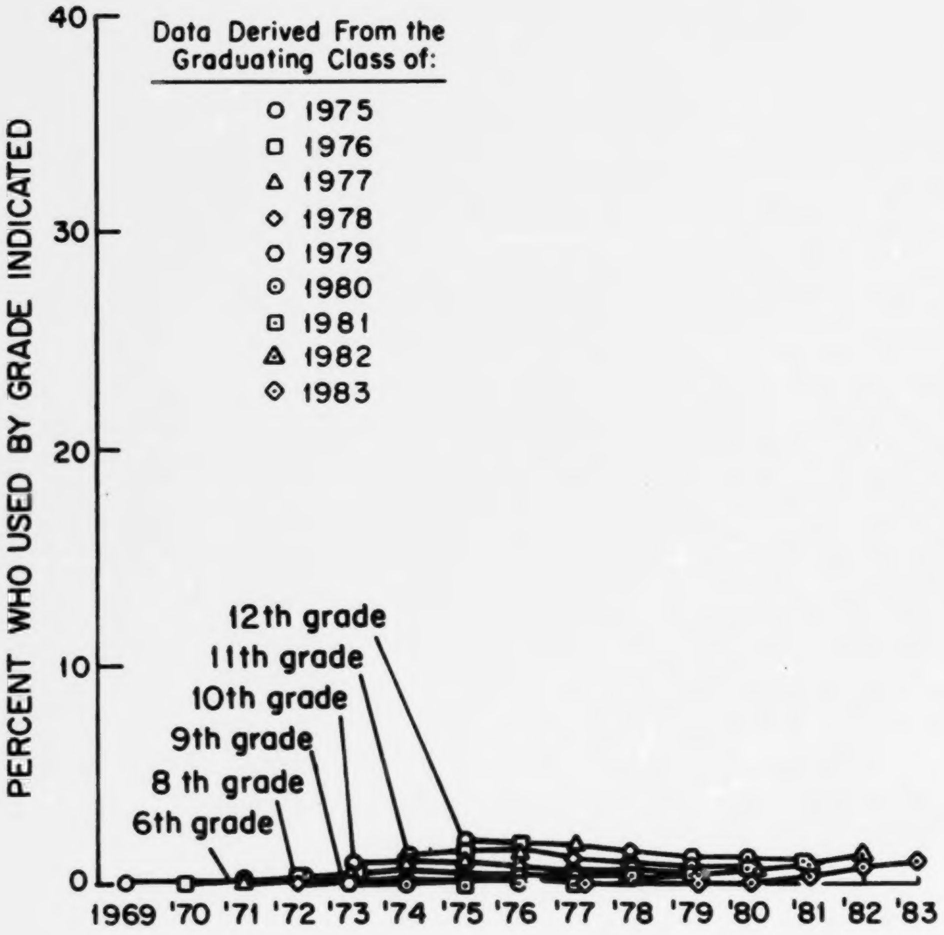
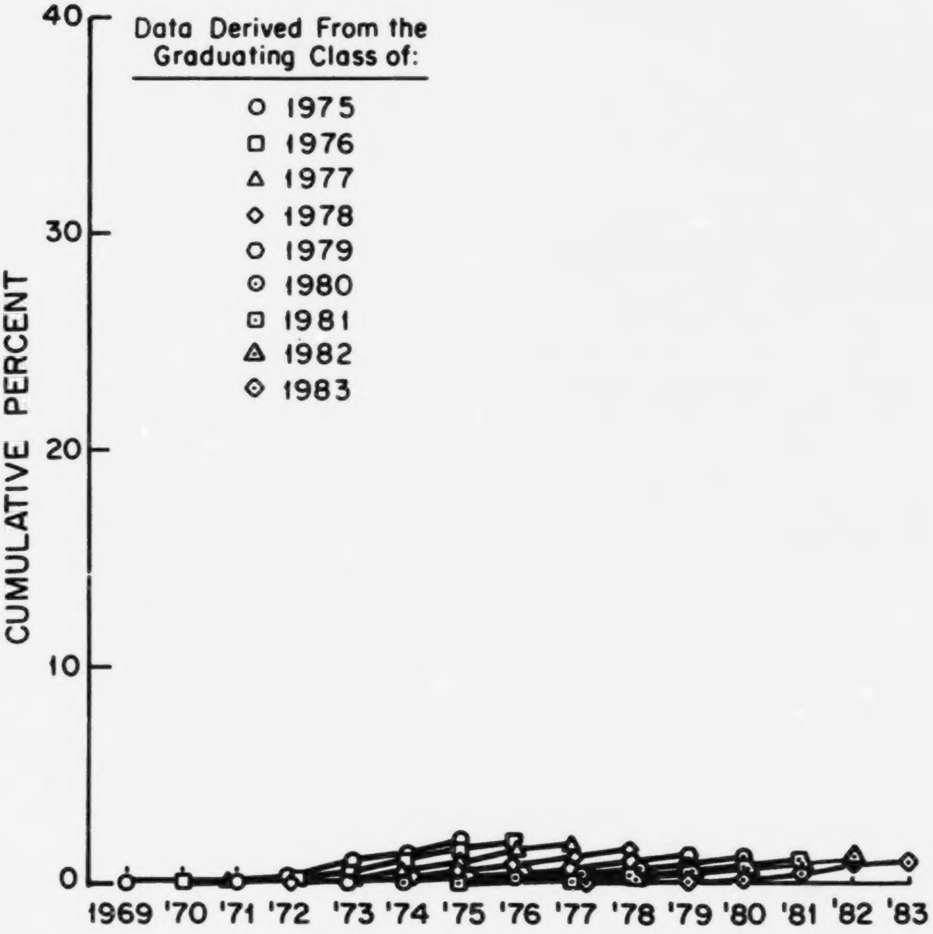


FIGURE 6-2

Heroin: Cumulative Lifetime Prevalence for Each Graduating Class by Grade Level



NOTE: Each ascending curve represents the cumulative lifetime prevalence for a single graduating class, with the six sequential points demarcating (from left to right) the following grade levels: 6th, 8th, 9th, 10th, 11th, and 12th.

Chapter 7

OTHER OPIATES

The questionnaire items used in this survey ask about "other narcotics" because, in addition to opium and opium derivatives, synthetic opiates such as methadone were included in the examples given in the question (see Appendix D for the original question). To achieve consistency in terminology with the national household surveys on drug use, however, the term "other opiates" has been adopted here; perhaps a more accurate title would be "other opiates and opiate-like substances."

Respondents were asked to report only about the occasions when they used such substances without a doctor's orders. One form of the questionnaire, however, included an additional question which asked whether the respondent had ever used any narcotics other than heroin under a doctor's orders. In 1983, 15.5% said that they had done so and that it was the first time they had used such a substance. Another 1.7% said that they had done so, but had previously used such drugs on their own. Unlike the other classes of psychotherapeutic drugs, this class has not shown a decline in medically prescribed use over the life of the study. In fact, there has been some rise in the prescription of such drugs, with 16.0% of seniors in the class of 1976 reporting any such prescriptions in their lifetime versus 17.2% in the class of 1983.

Summarized below are the prevalence and trend results for the use of natural and synthetic opiates (other than heroin) which was not under medical supervision.

Prevalence of Use in 1983

Total Sample	Table(s)
• About one in ten students (9.4%) has used some opiate or opiate-like substance without medical supervision by the end of senior year. Nearly half of those had used it only once or twice, however.	1,2,6
• For the previous year 5.1% report some use, while the figure for the prior month is 1.8%.	1,3,4
• Relatively few (1.1%) report use on 20 or more occasions in their lifetime.	6
• Almost no one (0.1%) reports daily or near-daily use in the prior 30 days.	6

Subgroup Differences	
• Sex Differences. The non-medical use of other opiates is a little higher among males than among females in all three time intervals. Annual prevalence is 6.0% for males vs. 4.2% for females.	2,3,4,5

Table(s)

- College Plans. Other opiate use is somewhat more widespread among those not planning to attend a four-year college (6.1% used in the last year) than among those who do plan to attend (4.3% used in the same interval). 2,3,4,5

- Region of the Country. There is one consistent but relatively small regional difference in the use of other opiates; the South generally has below average rates. This difference has been replicated over nine graduating classes. 2,3,4,5

- Population Density. There are consistent, though relatively small, differences such that use is highest in large cities and lowest in non-metropolitan areas. This association with urbanicity has been replicated in nearly all years of the study. 2,3,4,5

Recent Trends in Prevalence

Total Sample

- There was a very slight increase in reported lifetime prevalence from 9.0% for the class of 1975 to 10.3% for the class of 1977, and subsequent classes have ranged between 9.4% and 10.1%. 2

- Annual and 30-day prevalence reports were slightly elevated (less than one percent) in 1977; however, the dominant picture between 1975 and 1980 was one of stability. Annual prevalance declined very slightly each year since 1980. (The shift from 6.3% in 1980 to 5.1% in 1983 is significant at the .01 level.) 3,4

- Frequent use shows a similar pattern, i.e., a small rise in 1977 followed by a small drop in 1978, great stability in the rates between 1978 and 1980, and a slight tendency toward a decline in frequent use these past three years. Further, only about 1% of seniors reported usage levels higher than once or twice a month in any of the senior classes from 1975 onward. 6

Subgroup Differences in Trends

- No consistent differential trends are discernible between the two sexes, between college-bound and noncollege-bound seniors, among the regions of the country, or among the levels of population density. 2,3,4

Use at Earlier Grade Levels

- As was true for heroin, initiation to opiates other than heroin rarely occurs prior to ninth grade. Only 1.3% of the 1983 sample report experience with such drugs prior to ninth grade. 7 Fig 2

- There is no reason to believe that initial use of the other opiates is filtering down into the earlier grades (i.e., sixth 7 Fig 1 through eighth). Generally, initiation rates into opiates other than heroin have remained very stable.

- Subgroup differences in early prevalence (prior to tenth grade) are generally what would be expected from the overall subgroup differences. 9

Probability of Future Use

- In 1983, only 2.7% of the seniors report they "probably" or "definitely" will be using other opiates five years in the future. 6

- The statistics on probability of future use fairly closely mirror overall trends in the use of the opiates other than heroin: that is, there is some evidence of a decrease in the proportion of students who report they will "probably" or "definitely" be using these drugs in the future noted in recent years. 6

Degree and Duration of Highs

- Seniors who used narcotics other than heroin during the prior twelve months without medical orders were asked to rate the degree and duration of the highs they usually experienced with such drugs.

- The most commonly chosen descriptions of the degree of high experienced is "moderately high" at 34%. Another 16% say they usually get "very high." Even though fully half of the seniors are reporting they get moderately to very high from the opiates and opiate derivatives, this is nevertheless considerably less than the 63% of all recent heroin users who reported getting "very high" from heroin. 10

- There is a fairly consistent downward trend in the degree to which users report getting high; and there is a corresponding increase in the proportion of users who say that they are not taking them for the purpose of getting high or that they usually do not get high. Fully 22% of this year's seniors report they don't take the drug(s) to get high, a proportion two to five times greater than in 1975 through 1980. 10

- About half of the users report either not getting high (24%) or remaining high for only one or two hours (27%). While the trend has been somewhat erratic, it is clear that the average duration of highs for users of narcotics other than heroin has declined substantially. Thus, for example, in the class of 1975 the proportion of users reporting highs lasting three hours or more was 84%, versus 49% in the class of 1983. 10

- Accompanying the decline in proportions of seniors who get very high and/or remain high for longer periods, we know from data not displayed here that there has been an increase in the percentages whose reasons for use include "to relieve physical pain" (up from 27% in 1978—the first year this response was included—to 52% in 1983) or "to get to sleep" (up from 15% in 1976 to 24% in 1983), and a decline in the percentage of users whose reasons for use include "to feel good or get high" (down from 66% in 1976 to 47% in 1983). Also, there has been an increase in the percentages of recent users of narcotics other than heroin who report use of codeine (58% or slightly lower through 1978, then increasing gradually to 83% in 1983) and a decline in the proportion of users mentioning the use of opium—the second most frequently mentioned other narcotic—from 58% in 1976 to 39% in 1983. Thus, while overall usage rates for narcotics other than heroin have not changed substantially, it does appear that there is a growing minority of users among high school seniors whose purposes are primarily "self-medication" rather than recreation. Consistent with this shift, there has been a shift towards increasing proportions of users reporting ingesting this class of drugs by mouth and a decreasing proportion who report smoking or injection as modes of administration.

TABLE 7-1

Other Opiates: Prevalence (Ever Used) and Recency of Use by Subgroups, Class of 1983

(Entries are percentages)

	Number of Cases (Approx.)	Ever used	Past month	Past year, not past month	Not past year	Never used
All seniors	16300	9.4	1.8	3.3	4.3	90.6
Sex:						
Male	7800	10.7	2.4	3.6	4.7	89.3
Female	8000	8.1	1.3	2.9	3.9	91.9
College Plans:						
None or under 4 yrs	6300	11.2	2.4	3.7	5.1	88.8
Complete 4 yrs	8800	8.0	1.4	2.9	3.7	92.0
Region:						
Northeast	3900	9.0	1.7	3.9	3.4	91.0
North Central	4600	10.0	2.1	3.2	4.7	90.0
South	5200	8.5	1.7	2.7	4.1	91.5
West	2600	10.8	1.7	3.5	5.6	89.2
Population Density:						
Large SMSA	4200	11.2	2.0	4.0	5.2	88.8
Other SMSA	6800	9.4	1.9	3.4	4.1	90.6
Non-SMSA	5300	8.0	1.6	2.5	3.9	92.0

NOTE: See Appendix D for definition of variables in table.

TABLE 7-2

Other Opiates: Trends in Lifetime Prevalence of Use by Subgroups

	Percent ever used									
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	'82-'83 change
All seniors	9.0	9.6	10.3	9.9	10.1	9.8	10.1	9.6	9.4	-0.2
Sex:										
Male	9.9	11.0	11.6	11.2	11.4	10.8	11.3	10.6	10.7	+0.1
Female	8.3	8.1	9.0	8.6	8.7	8.7	8.9	8.6	8.1	-0.5
College Plans:										
None or under 4 yrs	NA	11.1	12.6	11.3	11.5	11.8	11.8	11.4	11.2	-0.2
Complete 4 yrs	NA	7.8	7.9	8.1	8.4	8.0	8.5	8.1	8.0	-0.1
Region:										
Northeast	10.0	11.1	10.8	11.0	11.0	9.0	11.7	10.6	9.0	-1.6
North Central	9.3	9.7	11.3	10.9	10.3	11.7	10.3	9.9	10.0	+0.1
South	7.8	8.5	8.9	8.0	8.4	7.8	7.1	7.5	8.5	+1.0
West	9.7	8.9	10.2	10.6	11.4	11.1	13.2	12.0	10.8	-1.2
Population Density:										
Large SMSA	11.5	12.0	10.8	11.3	11.4	10.8	11.4	10.1	11.2	+1.1
Other SMSA	9.2	9.9	10.6	10.1	10.1	10.4	10.7	9.8	9.4	-0.4
Non-SMSA	7.3	7.4	9.5	8.6	9.0	8.3	8.4	9.1	8.0	-1.1

NOTES: Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 7-3

Other Opiates: Trends in Annual Prevalence of Use by Subgroups

	Percent who used in last twelve months									
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	'82-'83 change
All seniors	5.7	5.7	6.4	6.0	6.2	6.3	5.9	5.3	5.1	-0.2
Sex:										
Male	6.6	6.8	7.3	6.9	7.3	7.1	6.5	6.0	6.0	0.0
Female	4.8	4.7	5.4	5.1	5.1	5.4	5.3	4.6	4.2	-0.4
College Plans:										
None or under 4 yrs	NA	6.8	8.0	6.8	7.3	7.4	7.2	6.1	6.1	0.0
Complete 4 yrs	NA	4.6	4.7	4.9	5.0	5.1	4.8	4.6	4.3	-0.3
Region:										
Northeast	6.1	6.5	6.6	6.8	7.0	5.7	7.2	5.6	5.6	0.0
North Central	6.2	6.2	7.5	6.7	6.1	7.6	6.2	5.5	5.3	-0.2
South	4.9	5.0	5.2	4.5	5.2	5.0	4.1	4.5	4.4	-0.1
West	5.4	5.0	6.0	6.7	7.1	6.8	7.2	6.2	5.2	-1.0
Population Density:										
Large SMSA	7.3	6.7	6.7	6.9	7.3	6.9	6.9	5.2	6.0	+0.8
Other SMSA	5.5	6.1	6.3	5.9	6.3	7.0	6.3	5.7	5.3	-0.4
Non-SMSA	4.8	4.6	6.2	5.4	5.3	4.8	4.8	4.9	4.1	-0.8

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 7-4

Other Opiates: Trends in Thirty-Day Prevalence of Use by Subgroups

	Percent who used in last thirty days									
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	'82-'83 change
All seniors	2.1	2.0	2.8	2.1	2.4	2.4	2.1	1.8	1.8	0.0
Sex:										
Male	2.5	2.4	3.3	2.5	2.8	2.9	2.4	2.2	2.4	+0.2
Female	1.7	1.6	2.3	1.7	2.0	1.9	1.8	1.5	1.3	-0.2
College Plans:										
None or under 4 yrs	NA	2.6	3.6	2.6	2.8	2.9	3.0	2.3	2.4	+0.1
Complete 4 yrs	NA	1.5	2.0	1.6	1.9	1.9	1.4	1.4	1.4	0.0
Region:										
Northeast	2.5	2.1	3.0	2.5	2.8	1.8	2.7	2.0	1.7	-0.3
North Central	2.3	2.5	3.4	2.3	2.3	3.3	2.2	1.8	2.1	+0.3
South	1.9	1.6	2.4	1.7	2.1	2.0	1.5	1.7	1.7	0.0
West	1.9	1.8	2.4	2.3	2.5	2.2	2.1	1.8	1.7	-0.1
Population Density:										
Large SMSA	3.3	2.6	3.0	2.3	3.0	2.4	2.5	1.8	2.0	+0.2
Other SMSA	1.9	2.2	2.7	2.1	2.3	2.7	2.2	2.0	1.9	-0.1
Non-SMSA	1.6	1.4	2.9	2.0	1.9	2.0	1.6	1.6	1.6	0.0

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 7-5

Other Opiates: Frequency of Use in the Last Year by Subgroups, Class of 1983

(Entries are percentages)

		Number of occasions in last 12 months						
	Number of Cases (Approx.)	None	1-2	3-5	6-9	10-19	20-39	40+
All seniors	16300	94.9	2.9	0.9	0.6	0.4	0.1	0.1
Sex:								
Male	7800	94.0	3.2	1.0	0.8	0.6	0.2	0.2
Female	8000	95.8	2.5	0.7	0.5	0.3	0.1	0.1
College Plans:								
None or under 4 yrs	6300	93.9	3.1	0.9	1.0	0.6	0.2	0.2
Complete 4 yrs	8800	95.7	2.6	0.8	0.4	0.3	0.1	0.1
Region:								
Northeast	3900	94.4	3.5	1.0	0.5	0.3	0.1	0.2
North Central	4600	94.7	2.9	0.9	0.8	0.5	0.1	0.2
South	5200	95.6	2.2	0.8	0.7	0.5	0.2	0.0
West	2600	94.8	3.2	0.9	0.4	0.3	0.2	0.2
Population Density:								
Large SMSA	4200	94.0	3.6	1.0	0.7	0.3	0.1	0.2
Other SMSA	6800	94.7	2.8	1.0	0.8	0.6	0.1	0.1
Non-SMSA	5300	95.9	2.4	0.6	0.5	0.4	0.2	0.2

NOTE: See Appendix D for definition of variables in table.

TABLE 7-6

Other Opiates: Trends in Frequency of Use for Lifetime, Last Year, and Last Thirty Days and in Probability of Future Use

(Entries are percentages)

	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983
Lifetime use									
No occasions	91.0	90.4	89.7	90.1	89.9	90.2	89.9	90.4	90.6
1-2 occasions	3.7	4.6	4.3	4.7	4.7	4.3	4.7	4.9	4.6
3-5 occasions	1.7	2.0	2.0	2.1	2.3	2.0	2.3	1.9	1.8
6-9 occasions	0.9	0.9	1.3	1.1	1.1	1.1	1.0	1.0	1.1
10-19 occasions	1.2	0.9	0.9	0.9	1.0	1.1	0.9	0.9	0.8
20-39 occasions	0.5	0.4	0.7	0.5	0.5	0.4	0.4	0.3	0.5
40 or more	1.0	0.8	1.1	0.7	0.6	0.8	0.7	0.6	0.6
N =	(9408)	(15741)	(17485)	(17996)	(15967)	(15791)	(17548)	(17660)	(16299)
Use in last twelve months									
No occasions	94.3	94.3	93.6	94.0	93.8	93.7	94.1	94.7	94.9
1-2 occasions	2.6	3.2	3.1	3.2	3.3	3.0	3.2	3.0	2.9
3-5 occasions	1.1	1.1	1.3	1.2	1.3	1.3	1.3	1.0	0.9
6-9 occasions	0.8	0.6	0.6	0.7	0.8	0.8	0.7	0.5	0.6
10-19 occasions	0.6	0.4	0.7	0.4	0.5	0.6	0.4	0.5	0.4
20-39 occasions	0.2	0.3	0.4	0.2	0.2	0.2	0.2	0.2	0.1
40 or more	0.3	0.2	0.4	0.2	0.1	0.2	0.2	0.2	0.1
N =	(9410)	(15741)	(17468)	(17984)	(15957)	(15789)	(17529)	(17655)	(16282)
Use in last thirty days									
No occasions	97.9	98.0	97.2	97.9	97.6	97.6	97.9	98.2	98.2
1-2 occasions	1.0	1.2	1.6	1.2	1.4	1.4	1.2	1.1	1.0
3-5 occasions	0.6	0.4	0.5	0.5	0.5	0.5	0.4	0.5	0.4
6-9 occasions	0.3	0.2	0.3	0.2	0.2	0.2	0.2	0.2	0.1
10-19 occasions	0.2	0.1	0.3	0.1	0.1	0.2	0.1	0.1	0.1
20-39 occasions	0.0	0.0	0.1	0.0	0.0	0.0	0.1	0.0	0.1
40 or more	0.0	0.1	0.1	0.0	0.0	0.1	0.0	0.0	0.0
N =	(9404)	(15738)	(17460)	(17975)	(15946)	(15774)	(17520)	(17646)	(16281)
Probability of future use									
Definitely will not	81.0	79.2	79.2	79.0	80.8	81.1	81.1	82.4	82.6
Probably will not	16.6	17.3	17.3	17.8	16.5	16.0	15.6	15.4	14.6
Probably will	1.9	2.9	2.9	2.7	2.2	2.3	2.6	1.7	2.0
Definitely will	0.6	0.5	0.6	0.5	0.6	0.7	0.7	0.6	0.7
N =	(2888)	(3044)	(3419)	(3492)	(3115)	(3072)	(3414)	(3463)	(3247)

TABLE 7-7

Other Opiates: Trends in Grade in Which First Used

	Percent reporting first use in each grade								
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983
Sixth grade (or below)	0.2	0.4	0.3	0.3	0.2	0.4	0.5	0.4	0.4
Seventh or Eighth grade	0.4	0.5	1.0	1.2	0.5	0.5	0.7	0.6	0.9
Ninth grade	1.5	1.7	1.6	1.7	1.6	1.8	1.6	1.7	2.6
Tenth grade	2.4	2.4	2.8	2.5	2.7	2.1	2.2	2.5	2.0
Eleventh grade	3.1	2.8	2.8	2.5	2.8	3.4	3.2	2.3	2.4
Twelfth grade	1.5	1.8	1.8	1.7	2.3	1.6	1.8	2.1	1.1
Never used	91.0	90.4	89.7	90.1	89.9	90.2	89.9	90.4	90.6
N[a] =	(2776)	(2859)	(5912)	(5969)	(5432)	(5373)	(5989)	(6093)	(5651)

[a] This question was asked in one form only in 1975 and 1976 and in two forms in all subsequent years.

TABLE 7-8

Other Opiates: Grade in Which First Used by Subgroups, Class of 1983

(Entries are percentages)

		Grade in school						
	Number of Cases (Approx.)	6 or below	7/8	9	10	11	12	Never used
All seniors	5800	0.4	0.9	2.6	2.0	2.4	1.1	90.6
Sex:								
Male	2800	0.5	0.9	3.0	1.8	3.2	1.4	89.3
Female	2900	0.4	0.8	2.5	2.1	1.7	0.6	91.9
College Plans:								
None or under 4 yrs	2100	0.2	1.2	3.5	2.2	2.7	1.2	88.8
Complete 4 yrs	3400	0.4	0.6	1.8	1.6	2.3	1.2	92.0
Region:								
Northeast	1300	0.2	1.9	2.6	1.2	1.9	1.2	91.0
North Central	1500	0.2	0.7	3.1	2.6	2.4	1.0	90.0
South	1900	0.4	0.9	2.2	1.7	2.4	0.9	91.5
West	1100	0.6	0.4	3.4	2.0	3.0	1.4	89.2
Population Density:								
Large SMSA	1700	0.0	1.1	3.4	1.6	3.4	1.8	88.8
Other SMSA	2500	0.4	0.6	3.1	2.5	2.0	0.8	90.6
Non-SMSA	1500	0.5	1.3	1.8	1.5	2.3	0.8	92.0

NOTE: See Appendix D for definition of variables in table.

TABLE 7-9

Other Opiates: Trends in Use Prior to Tenth Grade by Subgroups

	Percent reporting first use prior to tenth grade[a]									
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	'82-'83 change
All seniors	2.1	2.6	2.9	3.2	2.3	2.7	2.8	2.7	3.9	+1.2ss
Sex:										
Male	2.1	3.0	3.2	3.8	2.6	2.7	2.6	2.9	4.4	+1.5ss
Female	1.8	2.1	2.6	2.7	1.9	2.8	2.8	2.4	3.7	+1.3ss
College Plans:										
None or under 4 yrs	NA	2.8	3.4	3.9	2.7	4.3	4.0	4.0	4.9	+0.9
Complete 4 yrs	NA	2.1	2.7	2.8	2.1	1.5	2.0	1.9	2.8	+0.9s
Region:										
Northeast	2.1	2.6	4.0	2.7	2.1	1.6	2.6	4.2	4.7	+0.5
North Central	2.0	2.6	3.4	3.4	1.8	3.9	3.3	1.7	4.0	+2.3sss
South	2.1	2.7	2.3	2.6	2.5	1.8	1.7	2.6	3.5	+0.9
West	1.8	2.1	2.9	5.8	2.6	3.6	4.7	2.7	4.4	+1.7
Population Density:										
Large SMSA	1.7	3.3	3.0	3.3	2.7	2.0	3.1	3.6	4.5	+0.9
Other SMSA	2.6	2.4	3.2	3.4	2.5	3.7	2.8	2.7	4.1	+1.4ss
Non-SMSA	1.5	2.1	2.7	2.8	1.6	2.2	2.6	2.2	3.6	+1.4s

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C.

See Appendix D for definition of variables in table.

NA indicates data not available.

---

[a] This question was asked in one form only in 1975 and 1976 and in two forms in all subsequent years.

TABLE 7-10

Other Opiates: Trends in Degree and Duration of Feeling High

Q. *When you take narcotics other than heroin how high do you usually get?*[a]	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983
PERCENT OF RECENT USERS:									
I don't take them to get high	4.1	7.6	7.8	10.4	10.0	8.6	14.5	17.8	21.9
Not at all high	3.6	6.1	2.8	5.9	8.1	10.5	11.6	3.8	9.9
A little high	8.8	18.3	25.9	17.5	24.3	21.6	30.0	26.6	17.9
Moderately high	45.0	40.4	37.5	41.4	40.1	41.2	29.4	34.0	34.3
Very high	38.5	27.5	26.0	24.8	17.5	18.2	14.5	17.7	16.0
N =	(78)	(143)	(144)	(179)	(156)	(165)	(182)	(116)	(94)
PERCENT OF ALL RESPONDENTS:									
No use in last 12 months	94.3	94.3	93.6	94.0	94.9	94.5	94.4	96.5	97.0
I don't take them to get high	0.2	0.4	0.5	0.6	0.5	0.5	0.8	0.6	0.7
Not at all high	0.2	0.3	0.2	0.4	0.4	0.6	0.6	0.1	0.3
A little high	0.5	1.0	1.7	1.1	1.2	1.2	1.7	0.9	0.5
Moderately high	2.6	2.3	2.4	2.5	2.1	2.3	1.6	1.2	1.0
Very high	2.2	1.6	1.7	1.5	0.9	1.0	0.8	0.6	0.5
N =	(1368)	(2509)	(2250)	(2983)	(3045)	(2983)	(3277)	(3353)	(3115)
Q. *When you take narcotics other than heroin how long do you usually stay high?*[a]									
PERCENT OF RECENT USERS:									
Usually don't get high	6.8	15.4	7.4	24.6	17.8	15.7	24.2	17.0	23.9
One to two hours	8.8	16.7	32.5	19.3	24.6	29.5	30.4	36.4	26.7
Three to six hours	56.5	44.1	46.2	50.2	44.3	42.1	33.2	34.0	38.6
Seven to 24 hours	24.5	20.5	11.1	15.9	12.1	12.4	9.8	12.0	8.4
More than 24 hours	3.4	3.2	2.8	0.0	1.2	0.2	2.3	0.6	2.4
N =	(78)	(143)	(144)	(173)	(151)	(164)	(180)	(116)	(94)
PERCENT OF ALL RESPONDENTS:									
No use in last 12 months	94.3	94.3	93.6	94.0	95.0	94.5	94.5	96.5	97.0
Usually don't get high	0.4	0.9	0.5	0.9	0.9	0.9	1.3	0.6	0.7
One to two hours	0.5	1.0	2.1	1.2	1.2	1.6	1.7	1.3	0.8
Three to six hours	3.2	2.5	3.0	3.0	2.2	2.3	1.8	1.2	1.2
Seven to 24 hours	1.4	1.2	0.7	1.0	0.6	0.7	0.5	0.4	0.3
More than 24 hours	0.2	0.2	0.2	0.0	0.1	0.0	0.1	0.0	0.1
N =	(1368)	(2509)	(2250)	(2883)	(3040)	(2982)	(3275)	(3353)	(3116)

---

[a] These questions appear in just one form. They are asked only of respondents who report use of the drug in the prior twelve months (i.e., "recent users").

FIGURE 7-1

Other Opiates: Trends in Lifetime Prevalence for Earlier Grade Levels Based on Retrospective Reports from Seniors

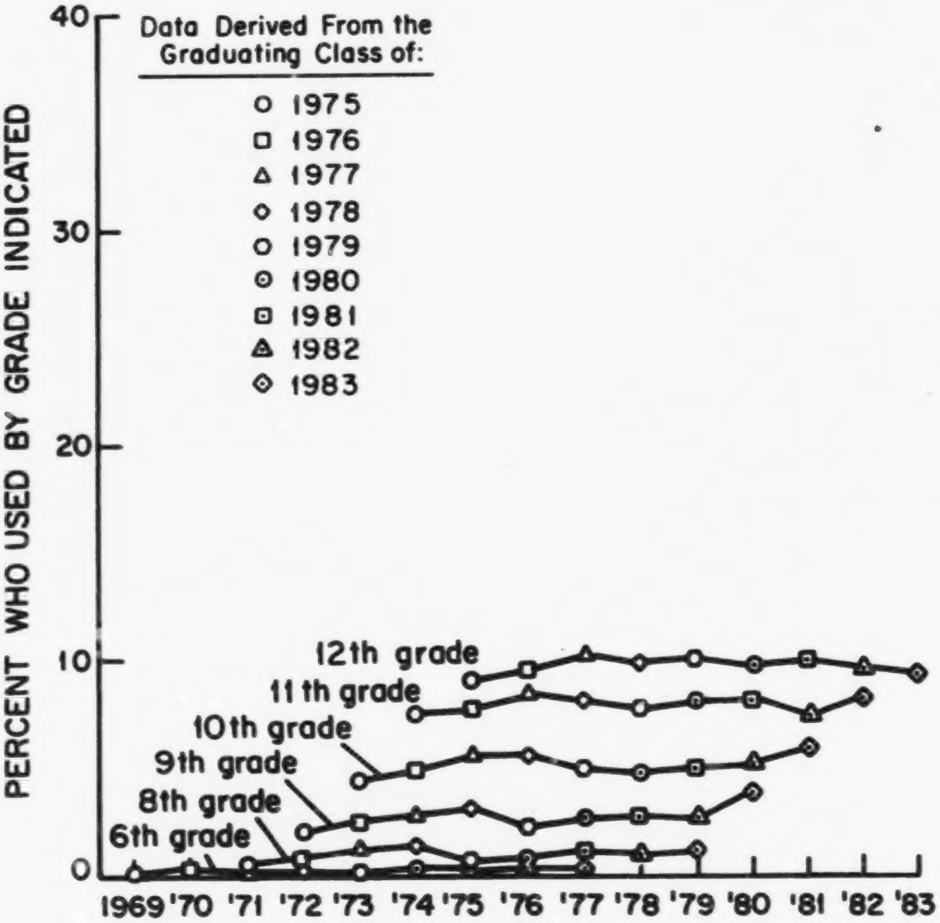
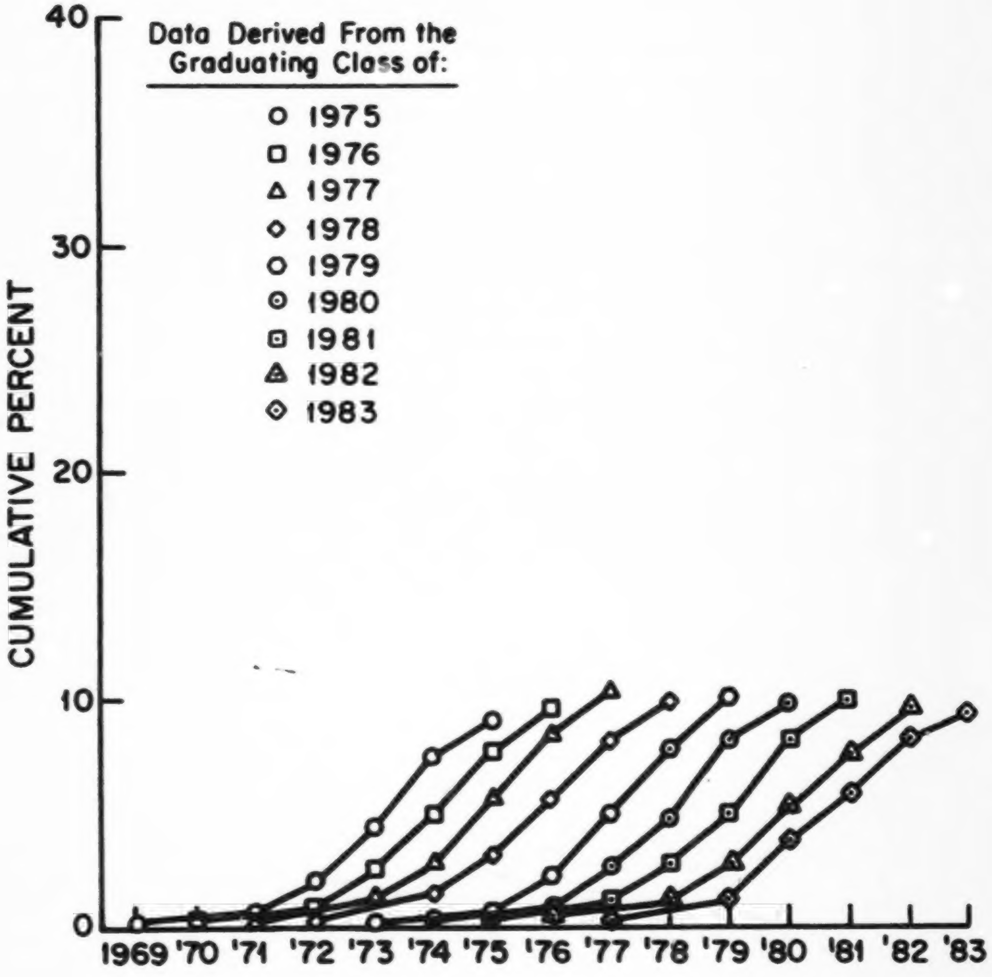


FIGURE 7-2

Other Opiates: Cumulative Lifetime Prevalence for Each Graduating Class by Grade Level



NOTE: Each ascending curve represents the cumulative lifetime prevalence for a single graduating class, with the six sequential points demarcating (from left to right) the following grade levels: 6th, 8th, 9th, 10th, 11th, and 12th.

Chapter 8

STIMULANTS

The set of questions in this study concerning stimulants asks specifically about the drug class "amphetamines." Although there are some non-amphetamine stimulants, amphetamines account for the majority of the controlled psychotherapeutic stimulants. Therefore, for purposes of maintaining comparability with the national household survey, it was decided to entitle this chapter "stimulants" even though "amphetamines" would have been more literally correct.

Stimulants account for more of the illicit drug use among young people in high school and young adulthood than any other class of drugs except marijuana. Some of that illicit use—defined in this study as use of the drug without the instructions of a doctor—could be defined as instrumental rather than recreational. For example, some young people use amphetamines to stay awake for studying, to help them lose weight, to increase their energy for sports, and so on. Others use stimulants to counteract the effects of other drugs, such as barbiturates, which may have left them sleepy or lethargic when they wanted to be awake and alert. Still others, of course, use them recreationally to attain euphoric states. As will be discussed below, in recent years there has been a shift away from use for recreational purposes and toward the more instrumental ones. But whatever the purposes, stimulant use without medical supervision has been rather widespread for some time.

A Caution about the Stimulant Results

In reporting their psychotherapeutic drug use, respondents are instructed to exclude not only medically supervised use, but also any use of over-the-counter (i.e., non-prescription) drugs. As will be discussed later in this chapter, there was a substantial increase in reported stimulant use between 1979 and 1981. We had reason to believe that a fair part of this increase was attributable to respondents erroneously including the use of stimulants of two general types—"look-alike" drugs (pseudo-amphetamines, usually sold by mail order, which look like, and have names that sound like, real amphetamines) and over-the-counter stimulants (primarily diet pills and stay-awake pills). These drugs usually contain caffeine, ephedrine, and/or phenylpropanolamine as their active ingredients. In the 1982 survey we introduced revised questions on some questionnaire forms not only to assess the use of amphetamines more accurately, but also to assess the use of "look-alikes," diet pills, and stay-awake pills of the non-prescription variety. On three of the five questionnaire forms, students were explicitly instructed to exclude the use of over-the-counter and "look-alike" drugs in their responses to the questions regarding stimulant use. These questions yielded the data described in this volume as "stimulants, adjusted." On two questionnaire forms, the questions regarding stimulant use were left intact, appearing exactly as they had in previous years. The data derived from these questions comprise the unadjusted stimulant figures.

It is worth noting that the two classes of drug use which are not actually amphetamine use, but which may be inadvertently reported as amphetamine use, reflect two quite different types of behavior. Presumably over-the-counter diet and stay-awake pills are used for functional reasons and not for recreational purposes. On the other hand, it seems likely that most of the look-alike pseudo-amphetamines are used for recreational purposes. Thus, the inclusion of the look-alikes may introduce a bias in the estimates of true amphetamine use, but not in the estimates of a class of behavior—namely, trying to use controlled stimulants for recreational purposes. Some would argue that the latter is the more important factor to be monitoring in any case.

Use Under Medical Supervision

Data from the 1983 questionnaire form containing the more detailed drug questions indicate that at some time during their lives, 5.1% of the seniors were introduced to amphetamines because a physician prescribed them. Another 2.3% reported that, while they had on some occasion(s) used amphetamines under a doctor's orders, they had first used such drugs on their own. Thus, a total of 7.4% of the seniors, or nearly one in fourteen, recalled having taken amphetamines under medical supervision. This rate has dropped by one-half, from 15.0% in 1976 to 7.4% in 1983, reflecting a dramatic change among physicians in the practice of prescribing this class of drugs. (Current use figures would likely show an even greater proportional decline, were they available.) The findings presented below, however, deal exclusively with the use of stimulants without medical supervision.

Prevalence of Use in 1983

Table(s)

- The figures for prevalence of use in 1983 are based on the new questions introduced in 1982, and are the "adjusted" version, as presented in Table 8-1a; unadjusted figures are presented in Table 8-1b.

Total Sample

- More than one in every four high school seniors (27%) reports using amphetamines at some time without medical supervision—the highest rate for any of the illicitly used drugs except marijuana. Nearly one-third of the "users" have used only once or twice, however. (All statistics are adjusted versions.) 1a,2,6a

- About one in five or six (17.9%) have used this class of drugs during the past year, and one in eleven (8.9%) during the month preceding the survey. 3,4

- Use on 20 or more occasions during the past year is reported by 3.4% of the sample. 5a,6a

- Daily use (defined as use on 20 or more occasions in the last 30 days) is reported by 0.8% of the 1983 respondents—again the highest rate for any of the illicitly used drugs except marijuana. 6a

- The unadjusted figures are approximately one-third higher than the adjusted figures, thus confirming our suspicion that, even though they had been instructed otherwise, many students do erroneously report the use of non-prescription 2,3,4 pseudo-amphetamines as stimulant use on the old version of the question.

Subgroup Differences

- *Sex Differences*. Males and females report quite similar prevalence rates for the three prevalence intervals. To illustrate, the annual prevalence (adjusted version) for male seniors is 17%, while for females it is 18%. At heavier usage levels, 3.0% of all males used 20-plus times during the year in contrast to 3.6% of all females (adjusted version). 1a,5a

- *College Plans*. There is a substantial difference between the college-bound and the noncollege-bound in amphetamine usage rates. Annual adjusted prevalence is about 15% for the former group in contrast to 21% for the latter. Frequent stimulant use is even more concentrated among the noncollege-bound; 4.0% of them report use on 20 or more occasions during the year contrasted with 2.6% of the college-bound. 1a,5a

- *Region of the Country*. There are fair-sized regional differences in the prevalence of amphetamine use (for all three prevalence intervals). In particular, the South shows a below-average rate (for example, 15% annual adjusted prevalence in 1983, versus 18% in the Northeast and West, and 20% in the North Central region). 1a,5a

- *Population Density*. There is rather little difference in stimulant use in 1983 among the three levels of population density being examined, although the non-SMSAs do have slightly lower prevalence levels than the SMSAs. 1a,5a

- The subgroup differences just reported are all based on adjusted statistics derived from the new versions of the questions. Similar patterns of differences are seen in the unadjusted statistics as well for sex, college plans, and region. 2,3,4

  In the case of population density, where the prevalence differences are not very great, there is some divergence between the adjusted and unadjusted patterns, in that the non-SMSAs are intermediate in unadjusted prevalences rather than lowest, as they are in adjusted prevalences. 1a,1b

Recent Trends in Prevalence

- Because the revised questions on stimulant use were not introduced until 1982, trends in adjusted stimulant use are available only for the interval between 1982 and 1983. Therefore, most of the trend data presented in Tables 8-2, 3, and 4 refer to unadjusted values. An additional column is included, labelled "Adjusted '82-'83 change." The values in 1a,2,3,4 this column reflect the change in adjusted stimulant prevalences. (The actual adjusted prevalences are not shown, but Table 8-1a contains the 1983 adjusted prevalences, and the 1982 prevalences can be derived by simply substracting the change value from the appropriate 1983 value in Table 8-1a.)

Total Sample

- Between 1975 and 1978 the reported prevalence of amphetamine use had been extremely stable overall. However, beginning in 1979 the prevalence statistics began a rise which gained increasing momentum through 1981. There was evidence of a leveling effect in 1982 with lifetime prevalence increasing modestly, annual prevalence remaining stable, and 30-day prevalence decreasing significantly. In 1983, stimulant use fell in all three time intervals with another significant drop in 30-day prevalence, a small drop in annual prevalence, and a very slight decrease in lifetime prevalence rates. 2,3,4

- Trend data for 1982 to 1983 on the adjusted stimulants (adjusted for over-reporting of noncontrolled stimulants) show a larger drop in prevalence rates across all three time intervals—with very significant decreases in both annual and 30-day prevalence rates. It thus appears that the use of illicitly used controlled stimulants may be decreasing at a faster pace than the use of over-the-counter and look-alike pseudo-amphetamines. (See the chapter on Other Recent Findings for more details on the non-amphetamine stimulants.) 2,3,4

- The prevalence of use at higher frequency levels had also remained very stable through 1978. The daily usage rate, which stood at approximately 0.5% between 1975 and 1979, began a rise in 1979, and by 1981 it was 1.2%. Since 1981, there has been stability in daily usage rates. 6b

Subgroup Differences in Trends

- Sex Differences. Male and female reported use have moved in fairly parallel ways with one exception—annual prevalence peaked in 1981 for males, versus 1982 for females. Adjusted stimulant use declined about equally for both sexes in 1983. 2,3,4

- College Plans. Use by college and noncollege-bound students closely parallels overall trends, in both adjusted and unadjusted versions. 2,3,4

- Region of the Country. The substantial rise in stimulant use that occurred between 1978 and 1981 is observed in all regions of the country, although prevalence grew the least in the South, which has continually reported the lowest incidence of use. More recently, the leveling off and decrease in prevalence has not been equally replicated in the 2,3,4

Table(s)

various regions: the North Central declined least and has recently shown the highest prevalence rates. The South continues to report the lowest incidence of use among the regions, although there is less regional variation in stimulant use observed in the adjusted statistics than in the unadjusted.

- Population Density. There are no significant departures from the overall trends observed among the different size communities. 2,3,4

Use at Earlier Grade Levels

- While 26.9% of the class of 1983 report some use of stimulants (adjusted) by the end of their senior year, only 2.8% tried them prior to ninth grade. Initial use was concentrated in grades nine through eleven. 1a,7a
- The lifetime prevalence statistics for stimulants showed a sharp rise in the late 1970's at virtually all grade levels. As indicated earlier, we believe that some—perhaps most—of this recent upturn is artifactual in the sense that non-prescription stimulants account for much of it. Nevertheless, regardless of what accounts for it, there was a clear upward secular trend—that is, one observable across all cohorts and grade levels—beginning in 1979. The data from the class of 1983 give the first indication of a reversal of this trend, with fewer having initiated in grades 11 and 12 (combined). (Their adjusted data also show lower rates of initiation in grades 11 and 12.) 7a,7b Fig 1
- Subgroup differences in early initiation essentially parallel overall prevalence rates at 12th grade. 9a,9b

Probability of Future Use

- Some 7.6% of 1983 seniors say they "probably" or "definitely" will be using stimulants five years in the future, not significantly different from the 1982 figure of 7.0%. Because the question regarding probability of future use is in one of the questionnaire forms that yields the data on adjusted stimulant use, adjusted trend data are available only for the 1982-83 interval. 6a
- The unadjusted data on probability of future use are available from 1975 through 1981. In 1981, 9.6% of the seniors said they would "probably" or "definitely" be using stimulants five years in the future. Trends in these data closely parallelled overall trends in use. 6b

Degree and Duration of Highs

- Since 1982, questions regarding the degree and duration of the highs usually experienced with amphetamine use have been included in one of the questionnaire forms containing the revised questions on actual use.

- Most recent users say they only get "moderately high" (27%) or "a little high" (33%) when using amphetamines. A substantial number, about one out of every four, say that they "don't take them to get high" (24%), and another 12% report that they usually don't get high at all from the drug(s).

- The most commonly reported interval for staying high on amphetamines is 3 to 6 hours, reported by 43% of the recent users. Another 11.5% say they usually stay high from 7 to 24 hours.

- The trend data that are available for the previous two years show a slight increase in the proportion of students reporting that they don't take stimulants "to get high," or that they "usually don't get high." There has been an overall decrease in the degree of high experienced such that a greater proportion of recent users are reporting they get "a little high," and fewer users are indicating they get "moderately" or "very high." Further, there was a reduction in the duration of highs experienced in all but one of the available response categories. That is, there was a general shift toward the "usually don't get high" end of the scale.

- Only unadjusted data on stimulant use are available from 1975 through 1981. During this period, there also was a substantial decrease in the proportion of seniors indicating they get either "moderately high" or "very high" when using the drug (from 60% in 1975 to 37% in 1981). Consistent with this, the proportion of users saying they simply "don't take them to get high" increased from 9% in 1975 to 20% by 1981. Also, the average reported duration of stimulant highs declined; 41% of the 1975 users said they usually stayed high seven or more hours vs. 17% of the 1981 users.

- These substantial decreases in both the degree and the duration of highs strongly suggest that there has been some shift in the purposes for which stimulants are being used. An examination of data on self-reported reasons for use tends to confirm this conclusion. The proportion of all seniors who both reported using "amphetamines" in the prior year and checked "to stay awake" as one of their reasons for use, rose from 8% in 1976 to 14% in 1981. There were similar patterns of increase in the proportions of all seniors who reported using "to lose weight" (up from 4% in 1976 to 10% in 1981) and the proportions who checked "to get more energy" (up from 8% in 1976 to 15% in 1981). When the revised questions on amphetamines were introduced in 1982—making it more clear that look-alikes and over-the-counter drugs should be excluded—there still resulted higher proportions of all seniors in 1982 and 1983 using for each of these instrumental reasons than in 1976 (i.e., 9% in 1983 used to "stay awake" vs. 8% in 1976, 6% to "lose weight" vs. 4% in 1976, and 10% to "get more energy" vs. 8% in 1976). However, these numbers are not as high as in 1981, since some of the seniors whose answers were included in the 1981 results must have been using non-prescription stimulants for these purposes. In sum, we conclude that there has been a distinct increase in the use of amphetamines for these non-recreational purposes—purposes which are among the most cited of all sixteen which might have been checked.

- However, there also appears to have been at least some increase in recreational use, though clearly not as steep an increase as the trends in overall use might suggest. The data on exposure to people using amphetamines "to get high or for kicks," which will be discussed further in a section below, show a definite increase between 1976 and 1981 (there was a rise of 8% just between 1979 and 1981). There was no further increase in exposure to use for those purposes in 1982, however, suggesting that recreational use, as well as overall use, had leveled off; and this year there has been a decrease in such exposure.

TABLE 8-1a

Stimulants, Adjusted: Prevalence (Ever Used) and Recency of Use by Subgroups, Class of 1983

(Entries are percentages)

	Number of Cases[a] (Approx.)	Ever used	Past month	Past year, not past month	Not past year	Never used
All seniors	9800	26.9	8.9	9.0	9.0	73.1
Sex:						
Male	4700	26.0	8.2	9.0	8.8	74.0
Female	4800	27.3	9.1	8.8	9.4	72.7
College Plans:						
None or under 4 yrs	3800	31.7	11.3	9.6	10.8	68.3
Complete 4 yrs	5300	21.8	6.4	8.1	7.3	78.2
Region:						
Northeast	2300	26.9	8.9	9.0	9.0	73.1
North Central	2800	29.8	11.3	9.1	9.4	70.2
South	3100	23.4	7.2	8.2	8.0	76.6
West	1600	28.4	8.0	10.2	10.2	71.6
Population Density:						
Large SMSA	2500	26.9	9.1	9.0	8.8	73.1
Other SMSA	4100	28.1	9.8	9.8	8.5	71.9
Non-SMSA	3200	25.3	7.6	8.0	9.7	74.7

NOTE: See Appendix D for definition of variables in table.

[a] Adjusted stimulants percentages are based on three of the five questionnaire forms.

TABLE 8-1b

Stimulants, Unadjusted: Prevalence (Ever Used) and Recency of Use by Subgroups, Class of 1983

(Entries are percentages)

	Number of Cases[a] (Approx.)	Ever used	Past month	Past year, not past month	Not past year	Never used
All seniors	6500	35.4	12.4	12.2	10.8	64.6
Sex:						
Male	3100	31.7	10.9	11.7	9.1	68.3
Female	3200	38.5	13.8	12.6	12.1	61.5
College Plans:						
None or under 4 yrs	2500	41.5	15.8	13.5	12.2	58.5
Complete 4 yrs	3500	30.9	9.9	11.4	9.6	69.1
Region:						
Northeast	1600	33.3	10.2	12.3	10.8	66.7
North Central	1800	41.5	15.9	15.0	10.6	58.5
South	2100	31.1	10.9	9.5	10.7	68.9
West	1000	36.2	12.7	12.7	10.8	63.8
Population Density:						
Large SMSA	1700	33.1	11.4	12.7	9.0	66.9
Other SMSA	2700	36.8	13.6	11.3	11.9	63.2
Non-SMSA	2100	35.3	11.7	13.1	10.5	64.7

NOTE: See Appendix D for definition of variables in table.

[a] Unadjusted stimulants percentages are based on only two of the five questionnaire forms.

TABLE 8-2

Stimulants, Unadjusted and Adjusted: Trends in Lifetime Prevalence of Use by Subgroups

	Percent ever used										
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	Unadj. '82-'83 change	Adj. '82-'83 change[a]
All seniors	22.3	22.6	23.0	22.9	24.2	26.4	32.2	35.6	35.4	-0.2	
Adjusted[a]								27.9	26.9		-1.0
Sex:											
Male	20.4	22.3	22.0	22.3	23.4	24.7	30.5	31.8	31.7	-0.1	-0.8
Female	23.7	22.7	23.7	23.2	24.6	27.7	33.5	39.6	38.5	-1.1	-0.9
College Plans:											
None or under 4 yrs	NA	27.0	27.8	26.7	29.0	32.7	38.3	41.6	41.5	-0.1	-1.1
Complete 4 yrs	NA	17.7	17.5	18.4	19.2	21.1	27.6	31.2	30.9	-0.3	-1.1
Region:											
Northeast	22.8	21.9	23.8	25.5	27.6	27.4	34.7	34.3	33.3	-1.0	-2.1
North Central	24.2	23.8	25.6	24.2	24.8	27.9	36.2	40.4	41.5	+1.1	-1.7
South	18.3	20.2	19.5	19.1	19.4	23.2	25.2	32.7	31.1	-1.6	-0.5
West	26.1	26.2	23.5	24.7	27.1	28.1	34.5	34.2	36.2	+2.0	+1.5
Population Density:											
Large SMSA	26.2	23.2	22.5	23.5	25.0	27.6	34.2	33.7	33.1	-0.6	-1.6
Other SMSA	22.2	23.3	24.7	23.4	25.1	26.4	31.7	35.9	36.8	+0.9	-0.5
Non-SMSA	19.9	21.5	21.2	21.6	22.5	25.4	31.3	36.9	35.3	-1.6	-1.3

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

---

[a] Adjusted for overreporting of the non-prescription stimulants. Data based on three questionnaire forms. N is three-fifths of N indicated.

TABLE 8-3

Stimulants, Unadjusted and Adjusted: Trends in Annual Prevalence of Use by Subgroups

	Percent who used in last twelve months										
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	Unadj. '82-'83 change	Adj. '82-'83 change[a]
All seniors	16.2	15.8	16.3	17.1	18.3	20.8	26.0	26.1	24.6	-1.5	
Adjusted[a]								20.3	17.9		-2.4ss
Sex:											
Male	15.6	15.8	16.0	16.9	18.4	19.7	24.8	23.9	22.6	-1.3	-2.4s
Female	16.5	15.4	16.4	17.1	17.8	21.8	26.9	28.5	26.4	-2.1	-2.4s
College Plans:											
None or under 4 yrs	NA	19.3	20.5	20.0	21.8	25.8	30.9	30.4	29.3	-1.1	-2.8s
Complete 4 yrs	NA	11.9	11.5	13.7	14.5	16.5	22.3	23.2	21.3	-1.9	-2.3s
Region:											
Northeast	16.5	14.7	16.8	19.6	22.0	22.0	28.8	24.9	22.5	-2.4	-3.6s
North Central	18.7	17.8	19.0	18.2	18.3	22.2	30.1	31.2	30.9	-0.3	-3.7ss
South	12.6	13.7	13.2	14.0	14.0	17.7	19.6	22.8	20.4	-2.4	-1.0
West	18.5	17.2	16.0	17.8	20.7	22.1	26.6	24.8	25.4	+0.6	-0.5
Population Density:											
Large SMSA	19.6	15.4	15.3	17.7	19.5	21.9	28.0	26.0	24.1	-1.9	-3.5ss
Other SMSA	15.5	16.3	17.1	17.5	18.9	20.8	25.5	26.9	24.9	-2.0	-1.1
Non-SMSA	14.8	15.4	15.9	16.0	16.6	19.9	25.1	25.2	24.8	-0.4	-3.2s

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

[a] Adjusted for overreporting of the non-prescription stimulants. Data based on three questionnaire forms. N is three-fifths of N indicated.

TABLE 8-4

Stimulants, Unadjusted and Adjusted: Trends in Thirty-Day Prevalence of Use by Subgroups

	Percent who used in last thirty days										
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	Unadj. '82-'83 change	Adj. '82-'83 change[a]
All seniors	8.5	7.7	8.8	8.7	9.9	12.1	15.8	13.7	12.4	-1.3s	
Adjusted[a]								10.7	8.9		-1.8ss
Sex:											
Male	8.2	7.8	8.5	8.6	9.5	10.9	14.7	11.7	10.9	-0.8	-2.0ss
Female	8.5	7.6	9.0	8.6	9.9	13.0	16.7	15.8	13.8	-2.0s	-1.5
College Plans:											
None or under 4 yrs	NA	9.6	11.4	10.6	12.4	16.0	19.4	17.4	15.8	-1.6	-2.4s
Complete 4 yrs	NA	5.7	5.7	6.5	7.2	8.7	13.0	11.1	9.9	-1.2	-1.3s
Region:											
Northeast	8.8	7.0	9.6	10.7	12.3	12.1	18.4	12.7	10.2	-2.5s	-2.6s
North Central	10.9	9.7	10.4	9.6	10.4	14.1	18.9	17.2	15.9	-1.3	-1.7
South	6.1	6.3	7.0	6.9	7.7	10.3	11.5	12.1	10.9	-1.2	-1.2
West	8.2	7.8	7.6	7.8	9.7	11.5	14.3	11.8	12.7	+0.9	-1.0
Population Density:											
Large SMSA	11.0	7.7	8.3	8.9	10.3	12.6	17.7	14.4	11.4	-3.0ss	-2.0s
Other SMSA	7.8	7.8	8.7	9.0	10.3	11.9	15.0	14.0	13.6	-0.4	-0.8
Non-SMSA	7.7	7.8	9.2	8.3	9.1	11.9	15.3	12.7	11.7	-1.0	-2.8ss

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

[a] Adjusted for overreporting of the non-prescription stimulants. Data based on three questionnaire forms. N is three-fifths of N indicated.

TABLE 8-5a

Stimulants, Adjusted: Frequency of Use in the Last Year by Subgroups, Class of 1983

(Entries are percentages)

	Number of Cases (Approx.)	Number of occasions in last 12 months						
		None	1-2	3-5	6-9	10-19	20-39	40+
All seniors	9800	82.1	6.3	3.4	2.4	2.3	1.8	1.6
Sex:								
Male	4700	82.8	6.2	3.7	2.4	1.9	1.6	1.4
Female	4800	82.1	6.3	3.1	2.4	2.7	1.9	1.7
College Plans:								
None or under 4 yrs	3800	79.1	7.0	4.2	2.8	2.8	2.1	1.9
Complete 4 yrs	5300	85.5	5.7	2.6	2.0	1.7	1.4	1.2
Region:								
Northeast	2300	82.1	6.7	3.3	2.3	2.5	1.8	1.3
North Central	2800	79.6	5.9	3.9	3.0	2.8	2.4	2.4
South	3100	84.6	5.9	3.0	2.0	1.9	1.4	1.2
West	1600	81.8	7.5	3.5	2.2	2.0	1.6	1.4
Population Density:								
Large SMSA	2500	81.9	6.2	3.5	3.0	2.0	1.9	1.5
Other SMSA	4100	80.4	6.7	3.9	2.3	2.9	1.9	1.8
Non-SMSA	3200	84.4	5.9	2.7	2.1	1.8	1.6	1.5

NOTE: See Appendix D for definition of variables in table.

TABLE 8-5b

Stimulants, Unadjusted: Frequency of Use in the Last Year by Subgroups, Class of 1983

(Entries are percentages)

		Number of occasions in last 12 months						
	Number of Cases (Approx.)	None	1-2	3-5	6-9	10-19	20-39	40+
All seniors	6500	75.4	8.3	5.1	3.1	3.4	2.3	2.5
Sex:								
Male	3100	77.4	7.8	5.2	2.4	2.9	2.1	2.1
Female	3200	73.6	8.6	5.0	3.7	3.9	2.5	2.7
College Plans:								
None or under 4 yrs	2500	70.7	9.7	5.7	3.5	3.9	3.3	3.2
Complete 4 yrs	3500	78.7	7.5	4.5	2.8	3.0	1.6	2.0
Region:								
Northeast	1600	77.5	8.5	4.3	2.8	3.1	1.5	2.3
North Central	1800	69.1	10.1	6.7	4.2	3.5	3.1	3.2
South	2100	79.6	6.8	4.2	2.2	3.0	1.8	2.3
West	1000	74.6	8.1	5.1	3.3	4.3	2.9	1.6
Population Density:								
Large SMSA	1700	75.9	8.7	5.3	3.2	2.7	2.2	2.2
Other SMSA	2700	75.1	7.9	4.9	3.3	3.6	2.3	2.8
Non-SMSA	2100	75.2	8.6	5.2	2.8	3.7	2.3	2.3

NOTE: See Appendix D for definition of variables in table.

TABLE 8-6a

Stimulants, Adjusted: Trends in Frequency of Use for Lifetime, Last Year, and Last Thirty Days and in Probability of Future Use

(Entries are percentages)

	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983
Lifetime use[a]									
No occasions								72.1	73.1
1-2 occasions								7.9	8.3
3-5 occasions								4.5	4.0
6-9 occasions								3.0	3.4
10-19 occasions								3.6	3.4
20-39 occasions								3.0	2.7
40 or more								5.7	5.1
N =								(10631)	(9842)
Use in last twelve months[a]									
No occasions								79.7	82.1
1-2 occasions								6.8	6.3
3-5 occasions								3.4	3.4
6-9 occasions								3.0	2.4
10-19 occasions								3.1	2.3
20-39 occasions								2.0	1.8
40 or more								2.1	1.6
N =								(10611)	(9807)
Use in last thirty days[a]									
No occasions								89.3	91.1
1-2 occasions								4.7	4.1
3-5 occasions								2.4	1.8
6-9 occasions								1.6	1.2
10-19 occasions								1.2	1.0
20-39 occasions								0.5	0.6
40 or more								0.2	0.2
N =								(10601)	(9805)
Probability of future use									
Definitely will not								69.4	71.1
Probably will not								23.5	21.3
Probably will								6.2	6.7
Definitely will								0.8	0.9
N =								(3525)	(3303)

---

[a] Data are based on three questionnaire forms.

TABLE 8-6b

Stimulants Unadjusted: Trends in Frequency of Use for Lifetime, Last Year, and Last Thirty Days and in Probability of Future Use

(Entries are percentages)

	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982[a]	Class of 1983[a]
Lifetime use									
No occasions	77.7	77.4	77.0	77.1	75.8	73.6	67.8	64.4	64.6
1-2 occasions	6.7	7.1	7.0	7.1	7.8	8.2	8.5	9.9	10.6
3-5 occasions	3.4	3.8	3.8	4.1	4.3	4.4	5.0	4.9	5.7
6-9 occasions	2.4	2.8	2.8	2.8	2.8	3.1	3.6	4.6	4.1
10-19 occasions	3.3	3.2	3.1	3.0	3.4	3.4	4.7	4.9	4.5
20-39 occasions	2.3	2.0	2.4	2.4	2.4	2.9	3.7	4.0	3.8
40 or more	4.2	3.8	3.9	3.5	3.5	4.3	6.6	7.3	6.6
N =	(9694)	(15891)	(17673)	(18161)	(16057)	(15920)	(17616)	(7128)	(6574)
Use in last twelve months									
No occasions	83.8	84.2	83.7	82.9	81.7	79.2	74.0	73.9	75.4
1-2 occasions	5.5	5.7	5.7	6.5	6.5	7.0	7.7	7.9	8.3
3-5 occasions	2.8	2.9	3.2	3.4	3.4	3.8	4.8	5.1	5.1
6-9 occasions	2.4	2.3	2.3	2.3	2.9	2.9	3.4	3.6	3.1
10-19 occasions	2.4	2.2	2.5	2.2	2.6	3.3	4.3	3.8	3.4
20-39 occasions	1.6	1.3	1.5	1.3	1.4	2.0	2.8	2.8	2.3
40 or more	1.5	1.4	1.2	1.3	1.5	1.8	3.0	3.0	2.5
N =	(9671)	(15853)	(17632)	(18122)	(16027)	(15879)	(17589)	(7114)	(6560)
Use in last thirty days									
No occasions	91.5	92.3	91.2	91.3	90.1	87.9	84.2	86.3	87.6
1-2 occasions	4.1	3.9	4.3	4.3	4.7	5.1	6.6	6.0	5.1
3-5 occasions	1.7	1.6	1.9	1.9	2.1	2.8	3.6	2.9	2.7
6-9 occasions	1.1	1.0	1.3	1.2	1.5	1.9	2.3	2.0	2.1
10-19 occasions	1.1	0.7	0.8	0.8	1.1	1.5	2.1	1.7	1.5
20-39 occasions	0.3	0.3	0.3	0.3	0.4	0.5	0.9	0.8	0.8
40 or more	0.2	0.1	0.2	0.2	0.2	0.2	0.3	0.3	0.3
N =	(9660)	(15856)	(17624)	(18107)	(16017)	(15876)	(17583)	(7114)	(6560)
Probability of future use									
Definitely will not	74.4	72.3	71.2	71.7	72.5	70.8	66.7	NA	NA
Probably will not	19.2	21.5	22.2	21.6	20.5	21.2	23.7	NA	NA
Probably will	5.4	5.4	5.5	5.9	6.1	7.0	8.5	NA	NA
Definitely will	1.1	0.8	1.1	0.8	0.9	1.0	1.1	NA	NA
N =	(2975)	(3050)	(3469)	(3483)	(3142)	(3105)	(3429)	(NA)[b]	(NA)[b]

---

[a] Based on two of the five questionnaire forms.

[b] Available only in questionnaire containing revised usage question in 1982 and thereafter.

TABLE 8-7a

Stimulants, Adjusted: Trends in Grade in Which First Used

	Percent reporting first use in each grade								
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983
Sixth grade (or below)								0.1	0.1
Seventh or Eighth grade								1.6	2.7
Ninth grade								6.0	7.5
Tenth grade								8.1	7.7
Eleventh grade								8.4	5.3
Twelfth grade								3.7	3.5
Never used								72.1	73.1
N[a] =								(3168)	(2985)

[a] This question is based on only one form of the questionnaire—a form in which the revised usage questions preceded it.

TABLE 8-7b

Stimulants, Unadjusted: Trends in Grade in Which First Used

	Percent reporting first use in each grade								
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983
Sixth grade (or below)	0.1	0.3	0.1	0.1	0.3	0.3	0.4	0.3	0.7
Seventh or Eighth grade	1.0	1.5	2.0	1.9	1.8	1.5	1.7	2.8	4.1
Ninth grade	4.3	4.4	5.1	5.2	4.1	4.3	4.3	7.7	7.4
Tenth grade	5.8	7.1	7.3	6.1	5.7	6.6	8.6	10.0	10.9
Eleventh grade	7.4	6.2	5.5	6.0	7.4	7.3	9.9	10.6	7.4
Twelfth grade	3.7	3.2	3.0	3.4	4.9	6.3	7.2	4.2	4.9
Never used	77.7	77.4	77.0	77.1	75.8	73.6	67.8	64.4	64.6
N[a] =	(2936)	(3871)	(5836)	(5865)	(5268)	(5135)	(5684)	(2531)	(2260)

---

[a] This question was asked in one form only in 1975, 1976, 1982 and 1983 and in two forms in all other years.

TABLE 8-8a

Stimulants, Adjusted: Grade in Which First Used by Subgroups, Class of 1983

(Entries are percentages)

		Grade in school[a]						
	Number of Cases (Approx.)	6 or below	7/8	9	10	11	12	Never used
All seniors	3000	0.1	2.7	7.5	7.7	5.3	3.5	73.1
Sex:								
Male	1400	0.3	3.2	7.3	7.3	4.7	3.1	74.0
Female	1500	0.0	2.2	7.8	7.8	5.6	4.0	72.7
College Plans:								
None or under 4 yrs	1100	0.1	3.6	10.7	8.7	5.4	3.1	68.3
Complete 4 yrs	1700	0.0	2.0	4.5	6.9	5.1	3.4	78.2
Region:								
Northeast	700	0.0	3.3	6.7	8.5	5.1	3.3	73.1
North Central	900	0.3	2.4	9.8	8.0	5.8	3.5	70.2
South	950	0.0	2.8	5.4	6.6	5.5	3.1	76.6
West	450	0.4	2.2	8.3	8.5	4.3	4.6	71.6
Population Density:								
Large SMSA	800	0.0	3.2	8.0	7.8	5.5	2.3	73.1
Other SMSA	1200	0.0	2.6	7.2	8.6	6.1	3.6	71.9
Non-SMSA	1000	0.5	2.4	7.6	6.4	4.0	4.5	74.7

NOTE: See Appendix D for definition of variables in table.

[a] This question is based on one form of the questionnaire—a form in which the revised usage questions preceded it.

TABLE 8-8b

Stimulants, Unadjusted: Grade in Which First Used by Subgroups, Class of 1983

(Entries are percentages)

		Grade in school						
	Number of Cases (Approx.)	6 or below	7/8	9	10	11	12	Never used
All seniors	3000	0.7	4.1	7.4	10.9	7.4	4.9	64.6
Sex:								
Male	1400	0.4	4.6	7.2	8.8	6.8	3.9	68.3
Female	1500	1.0	3.6	7.6	12.4	7.6	6.3	61.5
College Plans:								
None or under 4 yrs	1100	1.3	6.6	8.5	12.5	8.0	4.6	58.5
Complete 4 yrs	1700	0.4	2.4	6.2	9.9	6.7	5.2	69.1
Region:								
Northeast	700	0.6	2.7	9.0	9.3	8.5	3.3	66.7
North Central	900	0.9	6.3	9.2	12.9	7.8	4.3	58.5
South	950	0.7	3.0	5.2	10.4	6.4	5.4	68.9
West	450	0.4	4.3	6.1	10.4	6.3	8.7	63.8
Population Density:								
Large SMSA	800	0.9	2.7	9.2	11.9	5.1	3.4	66.9
Other SMSA	1200	0.9	4.4	7.0	12.1	8.2	4.3	63.2
Non-SMSA	1000	0.4	4.5	6.7	8.7	7.8	7.2	64.7

NOTE: See Appendix D for definition of variables in table.

TABLE 8-9a

Stimulants, Adjusted: Trends in Use Prior to Tenth Grade by Subgroups

	Percent reporting first use prior to tenth grade[a]									
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	'82-'83 change
All seniors								7.7	10.3	+2.6ss
Sex:										
Male								7.6	10.8	+3.2s
Female								7.5	10.0	+2.5s
College Plans:										
None or under 4 yrs								10.8	14.4	+3.6s
Complete 4 yrs								4.7	6.5	+1.8
Region:										
Northeast								8.1	10.0	+1.9
North Central								8.5	12.5	+4.0s
South								6.4	8.2	+1.8
West								7.7	10.9	+3.2
Population Density:										
Large SMSA								8.2	11.2	+3.0
Other SMSA								7.0	9.8	+2.8s
Non-SMSA								8.1	10.5	+2.4

NOTES: Level of significance of difference between the two most recent classes:
s + .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C.

See Appendix D for definition of variables in table.

NA indicates data not available

[a] This question is based on only one form of the questionnaire—a form in which the revised usage questions preceded it.

TABLE 8-9b

Stimulants, Unadjusted: Trends in Use Prior to Tenth Grade by Subgroups

	Percent reporting first use prior to tenth grade[a]									
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	'82-'83 change
All seniors	5.4	6.2	7.2	7.2	6.2	6.1	6.4	10.8	12.2	+1.4
Sex:										
Male	4.9	5.4	6.6	6.7	5.4	6.3	6.5	10.3	12.2	+1.9
Female	5.5	6.7	7.7	7.6	7.0	5.9	6.0	11.5	12.2	+0.7
College Plans:										
None or under 4 yrs	NA	7.2	8.5	9.1	8.6	9.2	9.6	14.5	16.4	+1.9
Complete 4 yrs	NA	4.5	5.1	5.2	4.5	3.9	4.3	8.0	9.0	+1.0
Region:										
Northeast	4.4	6.1	8.0	7.5	6.3	5.6	6.7	10.7	12.3	+1.6
North Central	5.5	6.2	6.9	7.4	6.7	7.8	6.9	10.1	16.4	+6.3ss
South	4.1	4.8	7.0	5.4	5.3	4.4	5.1	11.9	8.9	-3.0
West	9.1	9.7	8.0	10.4	7.7	6.7	7.7	10.7	10.8	+0.1
Population Density:										
Large SMSA	6.7	7.1	7.8	6.0	4.0	6.2	6.7	10.1	12.8	+2.7
Other SMSA	6.4	7.9	8.0	8.6	7.9	6.4	6.8	10.3	12.3	+2.0
Non-SMSA	3.2	3.5	5.6	6.3	6.1	5.9	5.6	11.9	11.6	-0.3

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C.

See Appendix D for definition of variables in table.

NA indicates data not available.

[a] This question was asked in one form only in 1975, 1976, 1982, and 1983 and in two forms in other years.

TABLE 8-10

Amphetamines: Trends in Degree and Duration of Feeling High

Q. *When you take amphetamines how high do you usually get?*[a]	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982[b]	Class of 1983[b]
PERCENT OF RECENT USERS:									
I don't take them to get high	9.3	10.7	15.1	14.7	16.8	17.1	20.2	21.0	24.2
Not at all high	4.6	5.0	7.5	6.2	7.7	8.9	11.5	9.1	11.9
A little high	26.4	26.1	24.0	25.9	26.5	34.0	31.4	36.8	33.0
Moderately high	44.6	43.8	39.2	40.2	36.4	30.8	30.6	28.5	27.0
Very high	15.1	14.4	14.1	13.0	12.6	9.3	6.3	4.6	3.9
N =	(410)	(447)	(523)	(542)	(507)	(575)	(788)	(622)	(463)
PERCENT OF ALL RESPONDENTS:									
No use in last 12 months	83.8	84.2	83.7	82.9	83.6	81.2	76.5	82.0	85.6
I don't take them to get high	1.5	1.7	2.5	2.5	2.8	3.2	4.8	3.8	3.5
Not at all high	0.7	0.8	1.2	1.1	1.3	1.7	2.7	1.6	1.7
A little high	4.3	4.1	3.9	4.4	4.3	6.4	7.4	6.6	4.8
Moderately high	7.2	6.9	6.4	6.9	6.0	5.8	7.2	5.1	3.9
Very high	2.4	2.3	2.3	2.2	2.1	1.7	1.5	0.8	0.6
N =	(2531)	(2829)	(3209)	(3170)	(3098)	(3055)	(3354)	(3455)	(3211)
Q. *When you take amphetamines how long do you usually stay high?*[a]									
PERCENT OF RECENT USERS:									
Usually don't get high	10.7	11.2	11.9	14.5	15.4	17.9	24.4	17.5	22.7
One to two hours	11.4	12.1	15.3	17.0	18.7	19.9	20.3	25.2	23.2
Three to six hours	37.0	48.4	38.4	39.5	40.1	43.4	38.2	45.5	42.6
Seven to 24 hours	37.0	26.1	31.6	27.1	23.8	17.7	16.3	11.0	9.7
More than 24 hours	3.8	2.1	2.9	1.9	2.0	1.1	0.8	0.8	1.8
N =	(412)	(455)	(519)	(546)	(521)	(583)	(810)	(627)	(478)
PERCENT OF ALL RESPONDENTS:									
No use in last 12 months	83.8	84.2	83.7	82.9	83.3	81.0	76.0	81.9	85.2
Usually don't get high	1.7	1.8	1.9	2.5	2.6	3.4	5.8	3.2	3.4
One to two hours	1.8	1.9	2.5	2.9	3.1	3.8	4.9	4.6	3.4
Three to six hours	6.0	7.6	6.3	6.7	6.7	8.3	9.2	8.2	6.3
Seven to 24 hours	6.0	4.1	5.1	4.6	4.0	3.4	3.9	2.0	1.4
More than 24 hours	0.6	0.3	0.5	0.3	0.3	0.2	0.2	0.2	0.3
N =	(2543)	(2880)	(3184)	(3193)	(3111)	(3063)	(3375)	(3460)	(3227)

---

[a] These questions appear in just one form. They are asked only of respondents who report use of the drug in the prior twelve months (i.e., "recent users").

[b] These question were located in questionnaire form in which revised versions of the amphetamine use questions were introduced in 1982 and retained thereafter.

FIGURE 8-1

Stimulants: Trends in Lifetime Prevalence for Earlier Grade Levels
Based on Retrospective Reports from Seniors

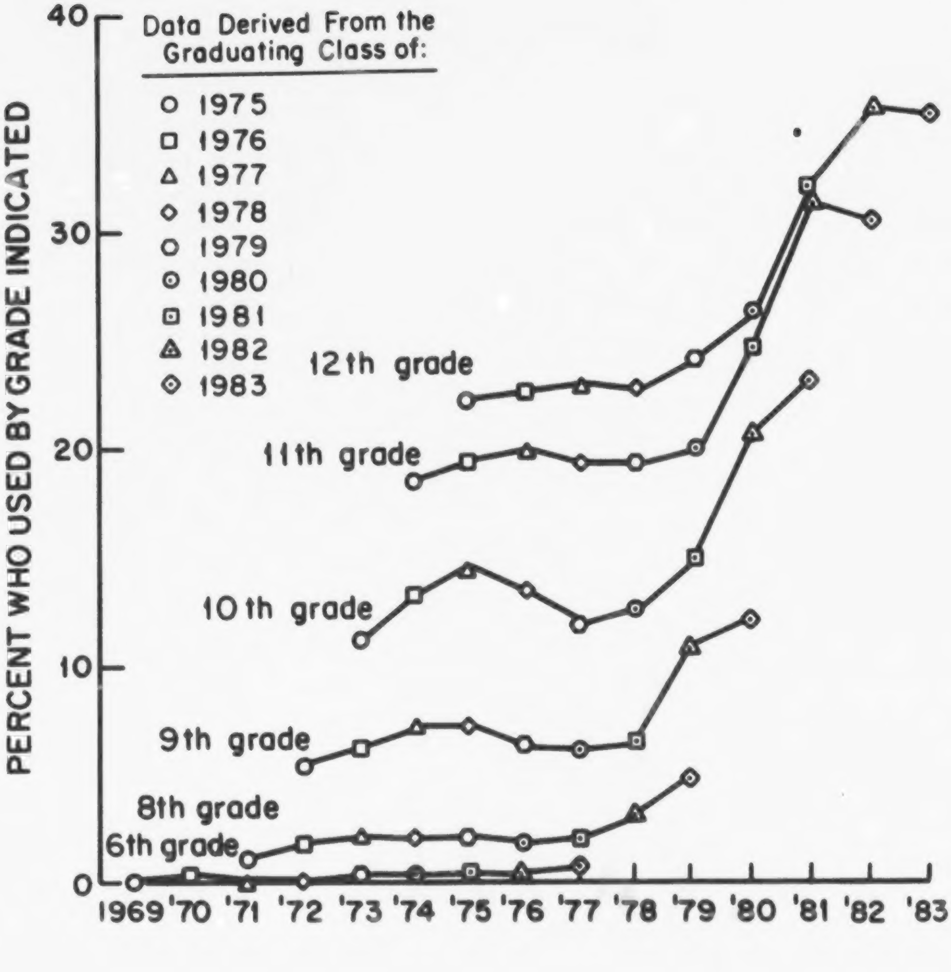
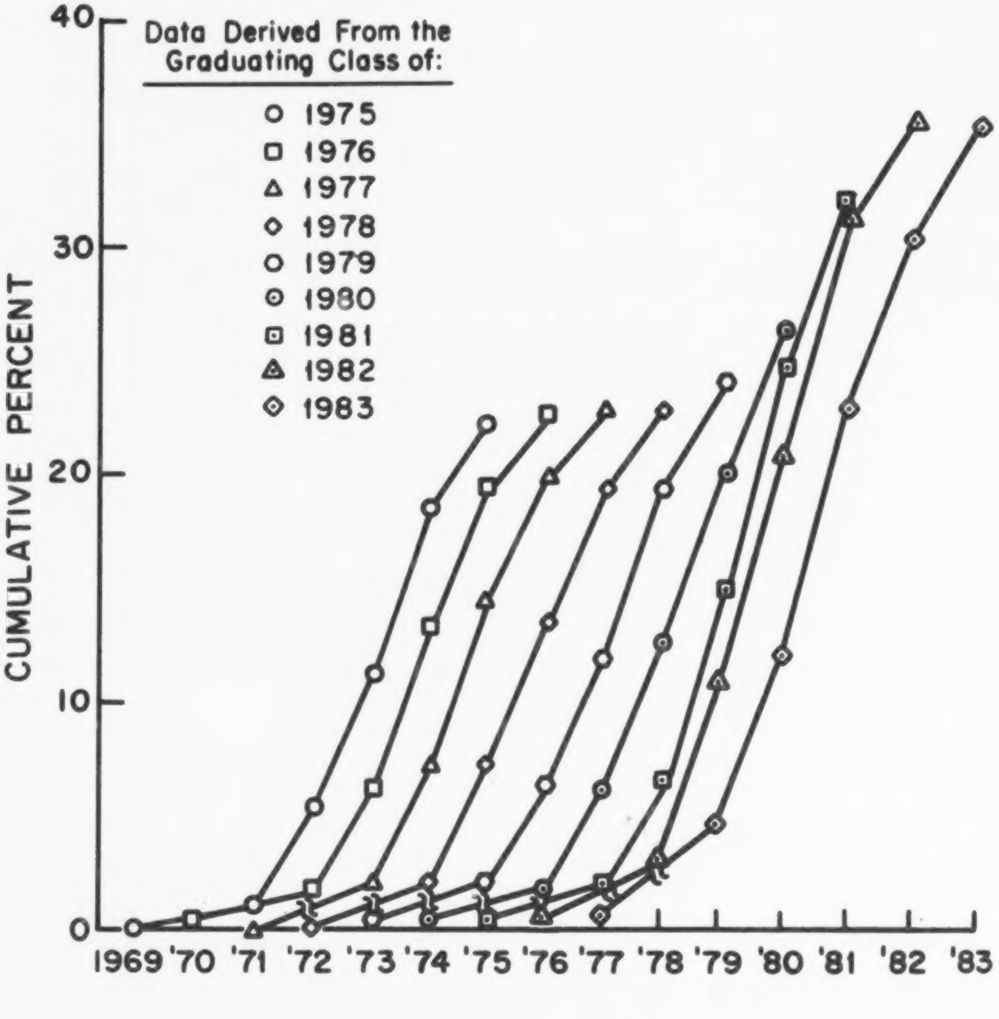


FIGURE 8-2

Stimulants: Cumulative Lifetime Prevalence for Each Graduating Class by Grade Level



NOTE: Each ascending curve represents the cumulative lifetime prevalence for a single graduating class, with the six sequential points demarcating (from left to right) the following grade levels: 6th, 8th, 9th, 10th, 11th, and 12th.

Chapter 9

SEDATIVES

The two questionnaire segments relevant to this chapter ask separately about "barbiturates," treated as a class, and "methaqualone" (a sedative-hypnotic, also referred to as "Quaaludes"). In the past we have collapsed them into a single category entitled "sedatives" to attain comparability with the categories used in the national household survey on drug use. (While there exist some nonbarbiturate sedatives other than methaqualone, the great majority of sedative use is captured in the currently defined category.) However, during the life of the study trends in these two sub-classes of drugs have begun to diverge, and we now consider it important to provide additional information on each class separately. Therefore, there are three versions for most of the tables presented at the end of this chapter: one for sedatives taken as a class, another for barbiturates only, and a third for methaqualone only.

As with the other psychotherapeutic drugs covered in the present study, only use which was not under a doctor's orders is included in the reporting. In some cases such use may amount to self-medication, but it is very difficult to distinguish true self-medication from rationalization. Therefore, we decided not to try to distinguish different types of medically unsupervised use.

In one form of the questionnaire, respondents were asked whether they had ever used barbiturates under a doctor's orders. (There is no comparable question for methaqualone.) In 1976, 13.3% answered "yes," which broke down to 10.3% whose first use was under a doctor's orders and another 3.0% who had previously used barbiturates on their own before having them prescribed by a doctor. These proportions fell steadily after 1976 until, in 1982, they were only half as large (6.6%). Since then there has been little change.

Prevalence of Use in 1983

Total Sample	Table(s)
• One in every seven seniors (14%) reports trying sedatives by the end of senior year without medical supervision (with about 10% reporting use of each of the two subclasses, i.e., barbiturates and methaqualone). Just over a third of those have used only once or twice.	1,1a,1b, 2,2a,2b, 6
• Roughly one in thirteen (7.9%) has used sedatives in the last year, and 3.0% used in the last month, without medical instructions. (Again lesser, but roughly equal, proportions use the two subclasses in each prevalence interval.)	3,3a,3b, 4,4a,4b,
• Of those using sedatives in the preceding month, about half used only once or twice. At the other extreme, the proportion of the sample reporting use on a daily or near daily basis is 0.2% (or about 33 respondents).	6

Subgroup Differences

	Table(s)
• Sex Differences. Male seniors in high school report slightly more sedative use without medical supervision than do female seniors. To illustrate, the annual prevalence for males was 8.8% in 1983 vs. 6.8% for females. Males also report a higher level of frequent use. (These same findings pertain to the two subclasses of drugs, as well.)	2,2a,2b, 3,3a,3b, 4,4a,4b, 5,5a,5b
• College Plans. Those not planning four years of college use sedatives illicitly considerably more often than do those with such plans. Annual prevalence is about 10% and 6%, respectively. (The findings are similar for barbiturates and methaqualone taken separately.)	2,2a,2b, 3,3a,3b, 4,4a,4b, 5,5a,5b
• Region of the Country. The West has consistently shown a lower-than-average prevalence rate for sedative use, especially monthly and annual prevalence.	2,2a,2b, 3,3a,3b, 4,4a,4b, 5,5a,5b
• Population Density. For sedative use overall, comparisons of three levels of urbanicity indicate relatively small and inconsistent differences in prevalence across the different senior classes. However, for the subclass methaqualone, prevalence has been consistently lowest in non-metropolitan areas.	2,2a,2b, 3,3a,3b, 4,4a,4b, 5,5a,5b

Recent Trends in Prevalence

Total Sample

• Sedative use as a whole showed little consistent change between 1976 and 1981, but has steadily declined since, with a significant drop in annual prevalence noted in 1983. However, the overall trend lines for sedatives mask the differential trends occurring for each of its two components.	2,3,4
• Barbiturate use has steadily declined in each successive year of the study. This is true without exception for annual prevalence, and with only trivial exceptions for lifetime prevalence (1981) and thirty-day prevalence (1976). The overall drop in prevalence has been quite sharp, with annual prevalence halved from its 1975 levels.	2a,3a,4a
• Methaqualone use, on the other hand, rose appreciably between 1975 and 1981. Annual prevalence rates have fallen significantly these past two years, however, and lifetime prevalence rates began to decline in 1983.	2b,3b,4b

Subgroup Differences in Trends

• For the most part, the various subgroups have shown changes over time in their use of sedatives, barbiturates, and Quaaludes, which parallel the overall trends.	2,2a,2b, 3,3a,3b, 4,4a,4b

Use at Earlier Grade Levels

	Table(s)
• Although 14% of seniors used sedatives without medical supervision by the end of senior year, only about 2% used prior to ninth grade. Most eventual users started in ninth, tenth, or eleventh grade.	7
• The class of 1983 showed significant increases in early onset (prior to tenth grade) for sedatives as a class, and for the two subclasses taken individually. Although initiation at the 6th grade level or below remained relatively stable overall, there was a marked increase in the proportion of students reporting initiation occurring in the seventh and eighth grades, and also some increase in initiation rates at the ninth grade level. Correspondingly, smaller numbers of youth are reporting initial use in each of the latter grades—again, for the class of sedatives as a whole and its two subclasses.	7,7a,7b, 9,9a,9b Fig 1,1a,1b
• The barbiturate use trends for earlier grade levels closely parallel those for the general class of sedatives. The trend lines for early initiation into Quaaludes have been erratic, and the sizable increase in early prevalence in the class of 1983 was most pronounced in this subclass.	Fig 1,1a,1b
• The subgroup differences in early sedative use parallel quite closely the subgroup differences which exist by the end of twelfth grade. (For example, the college-bound, who report substantially lower prevalence in twelfth grade, also report substantially less sedative use in the earlier grades than the noncollege-bound.) The same is true for the two subclasses of sedatives taken individually.	2,2a,2b, 8,8a,8b, 9,9a,9b

Probability of Future Use

• Only 3.0% of seniors in 1978 say they "probably" or "definitely" will be using barbiturates five years in the future, while 79% said they "definitely" will not. These statistics have changed modestly since 1975, consistent with the drop in actual use.	6a
• No comparable question was asked about methaqualone use.	

Degree and Duration of Highs

• People who, without medical orders, used either of the two classes of sedatives, barbiturates or methaqualone, were asked separately about the intensity and duration of the highs they experienced with each type of drug.	
• While over half of the students who used any barbiturates during the year prior to the survey said they usually got "moderately high" (39%) or "very high" (17%), fully 34% said they only got "a little high" or "not at all high."	10a

	Table(s)
• The modal duration of barbiturate highs is 3 to 6 hours, reported by 40% of users in 1983.	10a
• There are pronounced differences between methaqualone (Quaaludes) and barbiturates in the intensity and duration of highs they produce. While the modal duration of highs is the same for both barbiturates and Quaaludes at 3 to 6 hours (with respective levels of 40% and 62%), fewer than half as many Quaalude users (18%) as barbiturate users (42%) report either usually not getting high or staying high for only one to two hours. As another point of comparison, fully 22% of the barbiturate users said they usually don't get high from the drug, while only 4% of the Quaalude users made the same statement.	10a,10b
• Although the movement has been slight and uneven, there has been an overall decrease in the reported intensity and duration of highs experienced with the barbiturates. The proportion of students reporting getting "moderately" or "very high" decreased from 61% in 1975 to 56% in 1983, while those reporting either getting "not at all high" or "a little high," increased from 31% in 1975 to 34% in 1983. Also, the proportion of students reporting highs of seven-plus hours in duration decreased from 24% to 17% betwen 1975 and 1983, and those reporting they "usually don't get high" or experience highs that last "one to two hours," has increased from 33% to 42% in the same eight-year time span.	10a
• There have been no consistent trends in the degree and duration of highs associated with Quaalude use.	10b

TABLE 9-1

Sedatives: Prevalence (Ever Used) and Recency of Use by Subgroups, Class of 1983

(Entries are percentages)

	Number of Cases (Approx.)	Ever used	Past month	Past year, not past month	Not past year	Never used
All seniors	16300	14.4	3.0	4.9	6.5	85.6
Sex:						
Male	7800	15.6	3.3	5.5	6.8	84.4
Female	8000	12.9	2.6	4.2	6.1	87.1
College Plans:						
None or under 4 yrs	6300	18.0	4.1	5.9	8.0	82.0
Complete 4 yrs	8800	11.3	2.1	3.8	5.4	88.7
Region:						
Northeast	3900	12.4	2.4	4.8	5.2	87.6
North Central	4600	15.9	3.6	5.4	6.9	84.1
South	5200	15.9	3.8	4.8	7.3	84.1
West	2600	11.9	1.5	4.0	6.4	88.1
Population Density:						
Large SMSA	4200	14.5	2.9	5.1	6.5	85.5
Other SMSA	6800	15.1	3.2	5.2	6.7	84.9
Non-SMSA	5300	13.5	2.9	4.3	6.3	86.5

NOTE: See Appendix D for definition of variables in table.

TABLE 9-1a

Barbiturates: Prevalence (Ever Used) and Recency of Use by Subgroups, Class of 1983

(Entries are percentages)

	Number of Cases (Approx.)	Ever used	Past month	Past year, not past month	Not past year	Never used
All seniors	16300	9.9	2.1	3.1	4.7	90.1
Sex:						
Male	7800	10.7	2.2	3.7	4.8	89.3
Female	8000	8.8	1.8	2.4	4.6	91.2
College Plans:						
None or under 4 yrs	6300	12.9	2.8	3.9	6.2	87.1
Complete 4 yrs	8800	7.4	1.4	2.4	3.6	92.6
Region:						
Northeast	3900	8.4	1.4	3.3	3.7	91.6
North Central	4600	11.9	2.4	3.7	5.8	88.1
South	5200	9.9	2.6	2.6	4.7	90.1
West	2600	8.7	1.3	2.7	4.7	91.3
Population Density:						
Large SMSA	4200	10.0	1.8	3.4	4.8	90.0
Other SMSA	6800	10.0	2.3	3.0	4.7	90.0
Non-SMSA	5300	9.7	2.0	3.0	4.7	90.3

NOTE: See Appendix D for definition of variables in table.

TABLE 9-1b

Quaaludes: Prevalence (Ever Used) and Recency of Use by Subgroups, Class of 1983

(Entries are percentages)

	Number of Cases (Approx.)	Ever used	Past month	Past year, not past month	Not past year	Never used
All seniors	16300	10.1	1.8	3.6	4.7	89.9
Sex:						
Male	7800	11.6	2.2	4.1	5.3	88.4
Female	8000	8.5	1.3	3.0	4.2	91.5
College Plans:						
None or under 4 yrs	6300	12.8	2.4	4.5	5.9	87.2
Complete 4 yrs	8800	7.7	1.2	2.7	3.8	92.3
Region:						
Northeast	3900	8.7	1.4	3.4	3.9	91.3
North Central	4600	10.8	2.2	3.8	4.8	89.2
South	5200	11.8	2.4	4.0	5.4	88.2
West	2600	7.3	0.5	2.6	4.2	92.7
Population Density:						
Large SMSA	4200	10.6	1.9	3.6	5.1	89.4
Other SMSA	6800	10.7	2.0	3.9	4.8	89.3
Non-SMSA	5300	8.9	1.6	3.0	4.3	91.1

NOTE: See Appendix D for definition of variables in table.

TABLE 9-2

Sedatives: Trends in Lifetime Prevalence of Use of Subgroups

	Percent ever used									
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	'82-'83 change
All seniors	18.2	17.7	17.4	16.0	14.6	14.9	16.0	15.2	14.4	-0.8
Sex:										
Male	18.1	18.0	18.3	16.9	15.0	16.4	17.5	16.0	15.6	-0.4
Female	18.2	17.1	16.3	14.8	13.9	13.1	13.9	14.1	12.9	-1.2
College Plans:										
None or under 4 yrs	NA	20.5	20.7	18.1	17.5	18.8	19.8	18.6	18.0	-0.6
Complete 4 yrs	NA	14.2	13.5	13.1	11.1	11.4	12.7	11.9	11.3	-0.6
Region:										
Northeast	18.4	18.8	17.4	18.1	17.7	15.3	17.2	15.6	12.4	-3.2s
North Central	19.1	17.6	18.6	15.2	13.3	14.2	15.9	14.6	15.9	+1.3
South	17.2	18.3	17.8	15.7	14.1	16.2	15.2	16.3	15.9	-0.4
West	17.8	15.0	13.8	14.7	13.5	13.4	15.6	13.4	11.9	-1.5
Population Density:										
Large SMSA	19.8	18.6	16.8	16.7	16.2	16.2	17.6	15.9	14.5	-1.4
Other SMSA	18.4	17.9	18.5	16.6	14.8	14.6	15.8	15.0	15.1	+0.1
Non-SMSA	16.8	16.7	16.5	14.6	13.2	14.4	14.9	14.9	13.5	-1.4

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 9-2a

Barbiturates: Trends in Lifetime Prevalence of Use by Subgroups

	Percent ever used									
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	'82-'83 change
All seniors	16.9	16.2	15.6	13.7	11.8	11.0	11.3	10.3	9.9	-0.4
Sex:										
Male	17.3	16.3	16.2	14.3	11.7	11.8	12.4	10.7	10.7	0.0
Female	17.0	16.0	14.9	13.0	11.5	10.1	9.9	9.6	8.8	-0.8
College Plans:										
None or under 4 yrs	NA	19.1	18.9	16.0	14.5	14.4	14.1	13.2	12.9	-0.3
Complete 4 yrs	NA	12.7	11.9	11.0	8.6	8.0	8.8	7.6	7.4	-0.2
Region:										
Northeast	17.6	17.4	15.8	15.5	14.6	11.7	12.1	10.6	8.4	-2.2
North Central	18.2	16.3	17.3	13.5	11.3	11.2	12.1	9.7	11.9	+2.2
South	15.8	16.4	15.1	13.1	10.9	11.3	10.0	11.0	9.9	-1.1
West	17.0	14.0	12.7	12.6	10.1	9.3	11.0	9.4	8.7	-0.7
Population Density:										
Large SMSA	18.4	17.0	14.7	14.0	12.4	11.5	11.8	10.0	10.0	0.0
Other SMSA	17.1	16.7	16.4	14.0	11.8	10.7	10.8	10.0	10.0	0.0
Non-SMSA	15.7	15.2	15.2	13.2	11.1	11.1	11.4	10.8	9.7	-1.1

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 9-2b

Quaaludes: Trends in Lifetime Prevalence of Use by Subgroups

	Percent ever used									
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	'82-'83 change
All seniors	8.1	7.8	8.5	7.9	8.3	9.5	10.6	10.7	10.1	-0.6
Sex:										
Male	9.5	8.6	10.0	9.1	9.3	11.4	12.3	11.8	11.6	-0.2
Female	7.3	6.7	6.9	6.6	7.0	7.5	8.5	9.3	8.5	-0.8
College Plans:										
None or under 4 yrs	NA	8.8	10.1	8.8	9.7	11.7	13.4	13.2	12.8	-0.4
Complete 4 yrs	NA	6.3	6.3	6.4	6.2	7.3	8.1	8.2	7.7	-0.5
Region:										
Northeast	8.8	8.6	8.6	9.2	10.5	10.0	12.1	11.1	8.7	-2.4s
North Central	8.7	7.7	8.6	6.4	6.4	8.2	10.1	10.5	10.8	+0.3
South	9.0	9.1	10.3	8.9	8.4	11.4	10.6	11.8	11.8	0.0
West	5.4	4.0	4.9	6.4	8.0	8.0	9.3	8.4	7.3	-1.1
Population Density:										
Large SMSA	10.7	8.9	8.8	8.7	10.5	11.2	12.8	11.9	10.6	-1.3
Other SMSA	8.5	7.8	9.7	8.6	8.3	9.3	10.7	10.7	10.7	0.0
Non-SMSA	6.1	7.0	6.7	6.2	6.6	8.6	8.7	9.8	8.9	-0.9

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 9-3

Sedatives: Trends in Annual Prevalence of Use by Subgroups

	Percent who used in last twelve months									
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	'82-'83 change
All seniors	11.7	10.7	10.8	9.9	9.9	10.3	10.5	9.1	7.9	-1.2s
Sex:										
Male	12.9	11.4	12.0	10.6	10.4	11.7	11.6	10.0	8.8	-1.2
Female	10.6	9.9	9.4	9.0	9.0	8.6	9.2	8.0	6.8	-1.2s
College Plans:										
None or under 4 yrs	NA	12.7	12.9	10.8	11.8	13.2	13.1	11.4	10.0	-1.4
Complete 4 yrs	NA	8.3	8.1	8.5	7.5	7.7	8.3	7.0	5.9	-1.1s
Region:										
Northeast	10.9	11.5	10.7	11.7	12.9	10.0	11.4	9.5	7.2	-2.3s
North Central	13.4	11.4	11.9	9.2	8.3	9.8	10.9	8.9	9.0	+0.1
South	11.1	11.1	11.3	9.9	9.8	11.9	9.9	10.3	8.6	-1.7
West	10.4	7.3	7.5	8.4	8.4	8.7	9.6	6.5	5.5	-1.0
Population Density:										
Large SMSA	12.3	11.4	9.8	10.2	11.7	10.6	11.6	9.5	8.0	-1.5
Other SMSA	12.1	10.8	11.7	10.3	9.9	10.3	10.8	9.4	8.4	-1.0
Non-SMSA	10.7	10.1	10.3	9.1	8.5	10.2	9.3	8.5	7.2	-1.3

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 9-3a

Barbiturates: Trends in Annual Prevalence of Use by Subgroups

	Percent who used in last twelve months									
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	'82-'83 change
All seniors	10.7	9.6	9.3	8.1	7.5	6.8	6.6	5.5	5.2	-0.3
Sex:										
Male	12.3	9.9	10.2	8.4	7.6	7.3	7.2	5.9	5.9	0.0
Female	9.9	9.2	8.4	7.7	7.0	6.0	5.8	5.0	4.2	-0.8
College Plans:										
None or under 4 yrs	NA	11.6	11.4	9.1	9.3	9.0	8.1	7.4	6.7	-0.7
Complete 4 yrs	NA	7.3	6.8	6.8	5.2	4.8	5.1	3.8	3.8	0.0
Region:										
Northeast	11.5	10.4	9.2	9.6	9.6	6.9	6.8	5.6	4.7	-0.9
North Central	12.8	10.4	10.7	7.9	6.9	7.3	7.5	5.4	6.1	+0.7
South	9.9	9.7	9.3	7.8	7.3	7.0	5.5	6.3	5.2	-1.1
West	10.0	6.7	6.6	6.6	5.7	5.2	6.5	3.9	4.0	+0.1
Population Density:										
Large SMSA	11.1	10.2	8.1	8.1	8.3	6.6	6.9	5.3	5.2	-0.1
Other SMSA	11.3	9.8	9.9	8.2	7.3	6.5	6.4	5.7	5.3	-0.4
Non-SMSA	9.8	9.0	9.5	8.1	7.0	7.2	6.6	5.5	5.0	-0.5

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 9-3b

Quaaludes: Trends in Annual Prevalence of Use by Subgroups

	Percent who used in last twelve months									
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	'82-'83 change
All seniors	5.1	4.7	5.2	4.9	5.9	7.2	7.6	6.8	5.4	-1.4ss
Sex:										
Male	6.7	5.5	6.6	6.0	6.7	8.8	8.8	7.5	6.3	-1.2s
Female	4.0	3.7	4.0	3.9	4.8	5.4	6.2	5.9	4.3	-1.6ss
College Plans:										
None or under 4 yrs	NA	5.5	6.3	5.1	6.8	8.9	9.8	8.4	6.9	1.5s
Complete 4 yrs	NA	3.5	3.8	4.3	4.6	5.5	5.7	5.1	3.9	-1.2ss
Region:										
Northeast	5.5	5.1	5.3	5.8	8.6	7.1	8.6	7.2	4.8	-2.4ss
North Central	5.8	5.0	5.3	3.8	4.0	6.1	7.5	6.5	6.0	-0.5
South	5.8	5.4	6.5	5.6	5.9	9.2	7.7	7.8	6.4	-1.4
West	2.8	2.1	2.7	4.2	5.4	5.4	6.0	4.5	3.1	-1.4
Population Density:										
Large SMSA	6.8	5.1	5.0	5.3	8.1	7.9	9.0	7.2	5.5	-1.7s
Other SMSA	5.3	4.7	6.3	5.5	5.8	7.3	7.9	6.8	5.9	-0.9
Non-SMSA	3.8	4.3	4.1	3.8	4.3	6.5	6.1	6.3	4.6	-1.7s

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 9-4

Sedatives: Trends in Thirty-Day Prevalence of Use by Subgroups

	Percent who used in last thirty days									
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	'82-'83 change
All seniors	5.4	4.5	5.1	4.2	4.4	4.8	4.6	3.4	3.0	-0.4
Sex:										
Male	5.7	4.5	5.7	4.6	4.5	5.6	5.2	3.5	3.3	-0.2
Female	5.1	4.3	4.4	3.6	4.1	3.7	3.9	3.1	2.6	-0.5
College Plans:										
None or under 4 yrs	NA	5.6	6.2	4.6	5.4	6.2	5.8	4.7	4.1	-0.6
Complete 4 yrs	NA	3.2	3.6	3.3	3.1	3.3	3.4	2.2	2.1	-0.1
Region:										
Northeast	4.6	4.2	5.0	5.5	6.4	4.2	4.9	3.4	2.4	-1.0
North Central	6.4	5.3	5.6	3.5	3.6	4.8	4.6	3.6	3.6	0.0
South	5.3	4.8	5.6	4.3	4.2	6.3	5.0	3.7	3.8	+0.1
West	4.6	2.7	3.3	2.9	3.3	2.8	3.2	2.2	1.5	-0.7
Population Density:										
Large SMSA	5.7	4.3	4.9	4.3	5.1	4.1	5.0	3.3	2.9	-0.4
Other SMSA	5.6	4.6	5.8	4.3	4.4	5.0	4.6	3.5	3.2	-0.3
Non-SMSA	4.9	4.6	4.5	3.9	3.8	5.0	4.2	3.3	2.9	-0.4

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 9-4a

Barbiturates: Trends in Thirty-Day Prevalence of Use by Subgroups

	Percent who used in last thirty days									
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	'82-'83 change
All seniors	4.7	3.9	4.3	3.2	3.2	2.9	2.6	2.0	2.1	+0.1
Sex:										
Male	5.3	3.7	4.8	3.4	3.2	3.2	2.9	2.1	2.2	+0.1
Female	4.6	3.9	3.8	3.0	3.1	2.4	2.4	1.8	1.8	0.0
College Plans:										
None or under 4 yrs	NA	4.8	5.4	3.7	4.3	3.9	3.2	2.8	2.8	0.0
Complete 4 yrs	NA	2.8	2.9	2.5	2.0	1.8	2.0	1.3	1.4	+0.1
Region:										
Northeast	4.5	3.8	4.1	4.3	4.7	2.6	2.7	2.1	1.4	-0.7
North Central	5.9	4.6	5.0	2.9	2.8	3.2	2.8	2.2	2.4	+0.2
South	4.8	4.1	4.5	3.2	2.9	3.5	2.7	2.3	2.6	+0.3
West	4.1	2.3	2.9	2.2	2.4	1.7	2.2	1.2	1.3	+0.1
Population Density:										
Large SMSA	4.5	3.7	3.9	3.2	3.2	2.4	2.5	2.0	1.8	-0.2
Other SMSA	5.0	4.0	4.7	3.3	3.2	3.0	2.5	2.1	2.3	+0.2
Non-SMSA	4.5	3.8	4.1	3.2	3.1	3.1	2.9	2.0	2.0	0.0

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 9-4b

Quaaludes: Trends in Thirty-Day Prevalence of Use by Subgroups

	Percent who used in last thirty days									
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	'82-'83 change
All seniors	2.1	1.6	2.3	1.9	2.3	3.3	3.1	2.4	1.8	-0.6s
Sex:										
Male	3.0	2.0	2.8	2.3	2.6	4.2	3.7	2.5	2.2	-0.3
Female	1.6	1.2	1.8	1.4	1.9	2.3	2.4	2.0	1.3	-0.7ss
College Plans:										
None or under 4 yrs	NA	2.0	2.8	2.1	2.6	4.1	4.2	3.3	2.4	-0.9s
Complete 4 yrs	NA	1.1	1.6	1.4	1.8	2.4	2.1	1.4	1.2	-0.2
Region:										
Northeast	1.9	1.3	2.5	2.5	3.8	2.9	3.4	2.3	1.4	-0.9s
North Central	2.6	2.1	2.1	1.3	1.6	3.2	3.2	2.6	2.2	-0.4
South	2.7	1.8	3.1	2.1	2.2	4.7	3.5	2.6	2.4	-0.2
West	1.4	0.7	1.0	1.4	1.7	1.5	1.6	1.5	0.5	-1.0ss
Population Density:										
Large SMSA	3.0	1.5	2.4	2.0	3.3	3.0	3.7	2.2	1.9	-0.3
Other SMSA	2.2	1.7	2.9	1.9	2.3	3.4	3.1	2.5	2.0	-0.5
Non-SMSA	1.5	1.6	1.4	1.7	1.6	3.4	2.6	2.3	1.6	-0.7

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 9-5

Sedatives: Frequency of Use in the Last Year by Subgroups, Class of 1983

(Entries are percentages)

	Number of Cases (Approx.)	Number of occasions in last 12 months						
		None	1-2	3-5	6-9	10-19	20-39	40+
All seniors	16300	92.1	3.4	1.8	1.0	0.9	0.4	0.4
Sex:								
Male	7800	91.2	3.6	2.1	1.2	0.9	0.4	0.6
Female	8000	93.2	3.2	1.4	0.8	0.7	0.3	0.2
College Plans:								
None or under 4 yrs	6300	90.0	4.2	2.3	1.2	1.3	0.4	0.6
Complete 4 yrs	8800	94.1	2.8	1.3	0.8	0.5	0.3	0.2
Region:								
Northeast	3900	92.8	3.4	1.8	0.7	0.7	0.3	0.2
North Central	4600	91.0	3.8	1.9	1.2	1.2	0.3	0.6
South	5200	91.4	3.5	2.0	1.2	1.0	0.5	0.6
West	2600	94.5	2.9	1.1	0.8	0.4	0.2	0.1
Population Density:								
Large SMSA	4200	92.0	3.6	2.0	0.8	0.9	0.4	0.3
Other SMSA	6800	91.6	3.5	1.9	1.0	1.0	0.4	0.5
Non-SMSA	5300	92.8	3.2	1.4	1.1	0.8	0.3	0.4

NOTE: See Appendix D for definition of variables in table.

TABLE 9-5a

Barbiturates: Frequency of Use in the Last Year by Subgroups, Class of 1983

(Entries are percentages)

		Number of occasions in last 12 months						
	Number of Cases (Approx.)	None	1-2	3-5	6-9	10-19	20-39	40+
All seniors	16300	94.8	2.5	1.0	0.6	0.6	0.2	0.2
Sex:								
Male	7800	94.1	2.9	1.2	0.7	0.6	0.3	0.3
Female	8000	95.8	2.1	0.8	0.5	0.6	0.2	0.1
College Plans:								
None or under 4 yrs	6300	93.3	3.2	1.4	0.7	0.8	0.3	0.3
Complete 4 yrs	8800	96.2	1.9	0.7	0.5	0.4	0.1	0.1
Region:								
Northeast	3900	95.3	2.5	1.1	0.4	0.5	0.1	0.1
North Central	4600	93.9	3.0	1.1	0.8	0.6	0.3	0.4
South	5200	94.8	2.3	1.0	0.7	0.7	0.3	0.2
West	2600	96.0	2.1	0.7	0.5	0.4	0.1	0.1
Population Density:								
Large SMSA	4200	94.8	2.9	0.9	0.6	0.5	0.2	0.1
Other SMSA	6800	94.7	2.4	1.1	0.7	0.6	0.2	0.3
Non-SMSA	5300	95.0	2.5	1.0	0.6	0.5	0.2	0.2

NOTE: See Appendix D for definition of variables in table.

TABLE 9-5b

Quaaludes: Frequency of Use in the Last Year by Subgroups, Class of 1983

(Entries are percentages)

	Number of Cases (Approx.)	Number of occasions in last 12 months						
		None	1-2	3-5	6-9	10-19	20-39	40+
All seniors	16300	94.6	2.7	1.0	0.8	0.5	0.2	0.2
Sex:								
Male	7800	93.7	3.1	1.4	0.9	0.6	0.2	0.2
Female	8000	95.7	2.3	0.7	0.6	0.4	0.1	0.1
College Plans:								
None or under 4 yrs	6300	93.1	3.1	1.5	1.1	0.7	0.2	0.2
Complete 4 yrs	8800	96.1	2.2	0.7	0.4	0.3	0.1	0.1
Region:								
Northeast	3900	95.2	2.8	0.9	0.6	0.3	0.2	0.0
North Central	4600	94.0	2.6	1.3	1.1	0.7	0.1	0.3
South	5200	93.6	3.2	1.1	1.0	0.6	0.3	0.2
West	2600	96.9	2.0	0.5	0.2	0.3	0.0	0.0
Population Density:								
Large SMSA	4200	94.5	3.0	1.1	0.7	0.5	0.2	0.1
Other SMSA	6800	94.1	3.0	1.1	0.9	0.5	0.2	0.2
Non-SMSA	5300	95.4	2.1	0.9	0.8	0.5	0.1	0.1

NOTE: See Appendix D for definition of variables in table.

TABLE 9-6

Sedatives: Trends in Frequency of Use for Lifetime, Last Year, and Last Thirty Days and in Probability of Future Use

(Entries are percentages)

	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983
Lifetime use									
No occasions	81.8	82.3	82.6	84.0	85.4	85.1	84.0	84.8	85.6
1-2 occasions	5.7	6.2	5.9	5.4	5.2	5.6	6.0	5.8	5.4
3-5 occasions	4.2	3.8	3.6	3.9	3.5	3.2	3.7	3.5	3.4
6-9 occasions	1.8	2.0	1.9	1.7	1.4	1.5	1.6	1.5	1.5
10-19 occasions	2.4	2.4	2.5	2.1	2.2	2.0	1.8	1.8	1.6
20-39 occasions	1.2	1.1	1.2	1.0	0.8	0.9	1.0	0.8	0.8
40 or more	2.8	2.2	2.4	1.8	1.5	1.7	1.8	1.7	1.8
N =	(9675)	(15995)	(17762)	(18269)	(16174)	(16007)	(17759)	(17885)	(16521)
Use in last twelve months									
No occasions	88.3	89.3	89.2	90.1	90.1	89.7	89.5	90.9	92.1
1-2 occasions	4.2	4.3	4.0	3.9	3.9	4.2	4.3	3.8	3.4
3-5 occasions	3.0	2.7	2.5	2.6	2.6	2.4	2.7	2.2	1.8
6-9 occasions	1.4	1.2	1.4	1.2	1.1	1.1	1.0	1.0	1.0
10-19 occasions	1.7	1.5	1.7	1.2	1.4	1.4	1.4	1.1	0.9
20-39 occasions	0.6	0.5	0.6	0.4	0.4	0.5	0.5	0.4	0.4
40 or more	0.8	0.5	0.7	0.6	0.4	0.6	0.6	0.6	0.4
N =	(9671)	(15980)	(17752)	(18267)	(16165)	(16004)	(17755)	(17889)	(16512)
Use in last thirty days									
No occasions	94.6	95.5	94.9	95.8	95.6	95.2	95.4	96.6	97.0
1-2 occasions	2.6	2.3	2.4	2.2	2.3	2.2	2.4	1.6	1.4
3-5 occasions	1.4	1.2	1.5	1.0	1.2	1.5	1.3	0.9	0.9
6-9 occasions	0.6	0.5	0.5	0.4	0.5	0.4	0.4	0.3	0.2
10-19 occasions	0.5	0.3	0.5	0.4	0.4	0.5	0.4	0.4	0.3
20-39 occasions	0.2	0.1	0.1	0.1	0.1	0.2	0.1	0.1	0.1
40 or more	0.1	0.1	0.1	0.1	0.0	0.1	0.1	0.1	0.1
N =	(9666)	(15980)	(17748)	(18265)	(16166)	(16002)	(17758)	(17889)	(16514)
Probability of future use[a]									

---

[a] This question asked about barbiturates only. See Table 9-6a.

TABLE 9-6a

Barbiturates: Trends in Frequency of Use for Lifetime, Last Year, and Last Thirty Days and in Probability of Future Use

(Entries are percentages)

	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983
Lifetime use									
No occasions	83.1	83.8	84.4	86.3	88.2	89.0	88.7	89.7	90.1
1-2 occasions	6.2	6.5	5.9	5.3	4.8	4.7	5.0	4.5	4.4
3-5 occasions	3.4	2.9	2.9	2.9	2.5	2.0	2.2	2.0	1.8
6-9 occasions	1.9	2.1	1.9	1.7	1.3	1.4	1.3	1.1	1.0
10-19 occasions	2.0	1.9	1.9	1.5	1.6	1.2	1.1	1.1	1.1
20-39 occasions	1.3	1.3	1.4	1.1	0.8	0.7	0.8	0.6	0.6
40 or more	2.0	1.6	1.6	1.2	0.9	1.0	0.9	0.9	0.9
N =	(9297)	(14449)	(15146)	(18141)	(16028)	(15880)	(17625)	(17738)	(16359)
Use in last twelve months									
No occasions	89.3	90.4	90.7	91.9	92.5	93.2	93.4	94.5	94.8
1-2 occasions	4.5	4.6	3.9	3.8	3.3	3.2	3.2	2.7	2.5
3-5 occasions	2.4	2.0	1.8	1.8	1.8	1.3	1.3	1.1	1.0
6-9 occasions	1.5	1.3	1.5	1.1	1.0	0.8	0.9	0.8	0.6
10-19 occasions	1.4	1.0	1.2	0.8	0.9	0.7	0.6	0.5	0.6
20-39 occasions	0.5	0.5	0.5	0.4	0.3	0.4	0.3	0.2	0.2
40 or more	0.5	0.4	0.4	0.3	0.2	0.3	0.2	0.3	0.2
N =	(9282)	(14404)	(15118)	(18116)	(16017)	(15868)	(17615)	(17723)	(16334)
Use in last thirty days									
No occasions	95.3	96.1	95.7	96.8	96.8	97.1	97.4	98.0	97.9
1-2 occasions	2.6	2.2	2.4	1.8	1.9	1.5	1.6	1.0	1.2
3-5 occasions	1.0	0.8	0.9	0.7	0.7	0.7	0.6	0.5	0.4
6-9 occasions	0.6	0.4	0.5	0.4	0.4	0.3	0.2	0.3	0.2
10-19 occasions	0.4	0.3	0.3	0.2	0.2	0.3	0.2	0.2	0.2
20-39 occasions	0.1	0.1	0.1	0.1	0.0	0.1	0.0	0.1	0.0
40 or more	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0
N =	(9286)	(14404)	(15105)	(18111)	(16012)	(15861)	(17610)	(17711)	(16343)
Probability of future use									
Definitely will not	77.3	77.1	75.2	75.7	78.8	79.0	78.0	79.1	79.4
Probably will not	19.0	19.2	20.3	20.8	18.3	17.9	18.7	18.3	17.5
Probably will	3.1	3.1	4.0	2.9	2.3	2.5	2.6	1.9	2.0
Definitely will	0.6	0.5	0.6	0.6	0.6	0.7	0.7	0.6	1.0
N =	(2893)	(3055)	(3443)	(3481)	(3102)	(3062)	(3349)	(3490)	(3272)

TABLE 9-6b

Quaaludes: Trends in Frequency of Use for Lifetime, Last Year, and Last Thirty Days and in Probability of Future Use

(Entries are percentages)

	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983
Lifetime use									
No occasions	91.9	92.2	91.4	92.1	91.7	90.5	89.4	89.3	89.9
1-2 occasions	3.1	3.2	3.5	3.5	3.6	4.3	4.5	4.8	4.6
3-5 occasions	1.4	1.4	1.6	1.5	1.8	1.8	2.1	2.0	1.9
6-9 occasions	1.0	1.0	1.2	1.0	1.0	1.1	1.3	1.3	1.1
10-19 occasions	1.0	0.9	1.0	0.8	0.9	1.0	1.0	1.1	1.1
20-39 occasions	0.8	0.5	0.6	0.5	0.5	0.6	0.7	0.7	0.7
40 or more	0.9	0.6	0.7	0.6	0.5	0.7	1.0	0.9	0.8
N =	(9332)	(14433)	(15198)	(18159)	(16061)	(15931)	(17669)	(17814)	(16481)
Use in last twelve months									
No occasions	94.9	95.3	94.7	95.1	94.1	92.8	92.4	93.2	94.6
1-2 occasions	2.3	2.3	2.6	2.5	3.1	3.6	3.8	3.6	2.7
3-5 occasions	0.9	1.1	1.1	1.1	1.2	1.5	1.5	1.2	1.0
6-9 occasions	0.9	0.6	0.7	0.6	0.7	0.8	0.8	0.8	0.8
10-19 occasions	0.6	0.4	0.6	0.4	0.5	0.6	0.8	0.7	0.5
20-39 occasions	0.3	0.1	0.2	0.2	0.2	0.4	0.4	0.3	0.2
40 or more	0.2	0.2	0.2	0.2	0.1	0.2	0.3	0.2	0.2
N =	(9328)	(14419)	(15187)	(18150)	(16042)	(15919)	(17652)	(17815)	(16461)
Use in last thirty days									
No occasions	97.9	98.4	97.7	98.1	97.7	96.7	96.9	97.6	98.2
1-2 occasions	1.1	1.0	1.4	1.2	1.5	2.0	1.9	1.5	1.1
3-5 occasions	0.5	0.3	0.5	0.3	0.4	0.7	0.6	0.5	0.4
6-9 occasions	0.3	0.2	0.2	0.2	0.2	0.3	0.3	0.3	0.2
10-19 occasions	0.1	0.1	0.1	0.1	0.1	0.2	0.2	0.1	0.1
20-39 occasions	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.0	0.0
40 or more	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
N =	(9322)	(14417)	(15182)	(18149)	(16036)	(15912)	(17653)	(17817)	(16458)
Probability of future use[a]									
Definitely will not	NA	NA	NA	NA	NA	NA	NA	NA	NA
Probably will not	NA	NA	NA	NA	NA	NA	NA	NA	NA
Probably will	NA	NA	NA	NA	NA	NA	NA	NA	NA
Definitely will	NA	NA	NA	NA	NA	NA	NA	NA	NA
N =	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)

---

[a] This question asked about barbiturates only.

TABLE 9-7

Sedatives: Trends in Grade in Which First Used

	Percent reporting first use in each grade								
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983
Sixth grade (or below)	0.1	0.4	0.3	0.3	0.0	0.3	0.1	0.3	0.1
Seventh or Eighth grade	1.0	0.8	1.8	1.9	1.3	0.9	0.9	1.0	1.9
Ninth grade	3.0	3.7	3.9	3.5	2.6	2.5	3.0	3.2	4.0
Tenth grade	5.9	5.7	5.3	4.3	4.2	3.3	4.3	4.4	4.0
Eleventh grade	5.1	5.1	4.1	3.8	4.0	4.8	4.8	4.1	3.0
Twelfth grade	3.0	1.9	2.0	2.2	2.6	3.2	2.8	2.2	1.3
Never used	81.8	82.3	82.6	84.0	85.4	85.1	84.0	84.8	85.6
N[a] =	(2822)	(2914)	(6004)	(6073)	(5529)	(5485)	(6137)	(6235)	(5778)

[a] This question was asked in one form only in 1975 and 1976 and in two forms in all subsequent years.

TABLE 9-7a

Barbiturates: Trends in Grade in Which First Used

	Percent reporting first use in each grade								
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983
Sixth grade (or below)	0.1	0.3	0.2	0.3	0.0	0.2	0.2	0.2	0.2
Seventh or Eighth grade	1.0	0.7	1.5	1.8	1.3	0.7	0.9	0.7	1.6
Ninth grade	3.0	3.6	3.8	3.2	2.4	2.3	2.6	2.6	3.1
Tenth grade	5.6	5.1	5.0	3.7	3.5	3.0	3.4	3.7	2.5
Eleventh grade	4.6	5.0	3.6	2.9	3.0	3.2	3.1	2.2	1.8
Twelfth grade	2.5	1.6	1.5	1.8	1.7	1.6	1.2	0.9	0.7
Never used	83.1	83.8	84.4	86.3	88.2	89.0	88.7	89.7	90.1
N[a] =	(2771)	(2644)	(5195)	(6107)	(5469)	(5418)	(6037)	(6147)	(5698)

---

[a] This question was asked in one form only in 1975 and 1976 and in two forms in all subsequent years.

TABLE 9-7b

Quaaludes: Trends in Grade in Which First Used

	Percent reporting first use in each grade								
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983
Sixth grade (or below)	0.0	0.1	0.1	0.0	0.0	0.1	0.1	0.0	0.1
Seventh or Eighth grade	0.1	0.3	0.8	0.8	0.4	0.3	0.5	0.5	1.0
Ninth grade	0.9	1.6	1.8	1.6	1.4	1.3	1.5	1.9	2.8
Tenth grade	2.4	2.5	2.4	2.2	2.5	1.8	2.6	3.2	2.9
Eleventh grade	2.7	2.5	2.2	2.0	2.2	3.3	3.7	3.2	2.3
Twelfth grade	1.9	0.9	1.3	1.2	1.9	2.8	2.2	1.9	0.9
Never used	91.9	92.2	91.5	92.1	91.7	90.5	89.4	89.3	89.9
N[a] =	(2783)	(2699)	(5365)	(6254)	(5637)	(5583)	(6231)	(6330)	(5848)

[a] This question was asked in one form only in 1975 and 1976 and in two forms in all subsequent years.

TABLE 9-8

Sedatives: Grade in Which First Used by Subgroups, Class of 1983

(Entries are percentages)

	Number of Cases (Approx.)	Grade in school						
		6 or below	7/8	9	10	11	12	Never used
All seniors	5800	0.1	1.9	4.0	4.0	3.0	1.3	85.6
Sex:								
Male	2800	0.3	1.9	4.6	4.3	3.4	1.2	84.4
Female	2900	0.1	1.8	3.3	3.6	2.6	1.4	87.1
College Plans:								
None or under 4 yrs	2100	0.1	2.3	5.7	5.0	3.7	1.1	82.0
Complete 4 yrs	3400	0.2	1.5	2.6	3.2	2.6	1.3	88.7
Region:								
Northeast	1300	0.3	1.6	3.2	2.7	2.8	1.9	87.6
North Central	1500	0.0	2.4	5.0	4.8	2.9	0.8	84.1
South	1900	0.4	1.3	4.4	4.6	3.6	1.6	84.1
West	1100	0.0	2.4	2.8	3.4	2.6	0.7	88.1
Population Density:								
Large SMSA	1700	0.0	2.1	4.0	3.7	2.9	1.9	85.5
Other SMSA	2500	0.3	1.8	4.5	4.3	3.3	1.0	84.9
Non-SMSA	1500	0.2	1.8	3.5	4.0	2.6	1.4	86.5

NOTE: See Appendix D for definition of variables in table.

TABLE 9-8a

Barbiturates: Grade in Which First Used by Subgroups, Class of 1983

(Entries are percentages)

	Number of Cases (Approx.)	Grade in school						
		6 or below	7/8	9	10	11	12	Never used
All seniors	5800	0.2	1.6	3.1	2.5	1.8	0.7	90.1
Sex:								
Male	2800	0.2	1.5	3.6	2.7	2.2	0.5	89.3
Female	2900	0.0	1.8	2.5	2.3	1.6	0.7	91.2
College Plans:								
None or under 4 yrs	2100	0.2	1.9	4.3	3.4	2.8	0.3	87.1
Complete 4 yrs	3400	0.0	1.4	1.8	2.2	1.2	0.8	92.6
Region:								
Northeast	1300	0.2	1.1	3.4	1.8	1.0	1.0	91.6
North Central	1500	0.0	2.3	3.8	3.1	2.3	0.4	88.1
South	1900	0.2	1.1	2.8	3.4	1.7	0.7	90.1
West	1100	0.0	2.3	1.7	1.4	3.0	0.3	91.3
Population Density:								
Large SMSA	1700	0.0	1.5	3.7	2.8	0.9	1.1	90.0
Other SMSA	2500	0.2	1.6	3.0	2.4	2.4	0.5	90.0
Non-SMSA	1500	0.2	1.8	2.6	2.8	1.8	0.6	90.3

NOTE: See Appendix D for definition of variables in table.

TABLE 9-8b

Quaaludes: Grade in Which First Used by Subgroups, Class of 1983

(Entries are percentages)

		Grade in school						
	Number of Cases (Approx.)	6 or below	7/8	9	10	11	12	Never used
All seniors	5800	0.1	1.0	2.8	2.9	2.3	0.9	89.9
Sex:								
Male	2800	0.1	1.2	3.2	3.2	2.9	0.9	88.4
Female	2900	0.1	0.9	2.3	2.6	1.7	1.0	91.5
College Plans:								
None or under 4 yrs	2100	0.0	1.4	4.1	3.6	2.7	0.9	87.2
Complete 4 yrs	3400	0.1	0.7	1.8	2.2	2.1	0.7	92.3
Region:								
Northeast	1300	0.3	0.8	2.3	2.1	2.0	1.3	91.3
North Central	1500	0.0	1.4	3.2	3.6	2.2	0.4	89.2
South	1900	0.2	0.9	3.3	3.2	2.9	1.3	88.2
West	1100	0.0	1.2	1.6	2.5	1.3	0.6	92.7
Population Density:								
Large SMSA	1700	0.0	1.3	2.8	2.8	2.5	1.2	89.4
Other SMSA	2500	0.2	1.0	3.1	3.2	2.5	0.7	89.3
Non-SMSA	1500	0.1	0.9	2.4	2.5	1.9	1.1	91.1

NOTE: See Appendix D for definition of variables in table.

TABLE 9-9

Sedatives: Trends in Use Prior to Tenth Grade by Subgroups

	Percent reporting first use prior to tenth grade[a]									
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	'82-'83 change
All seniors	4.1	4.9	6.0	5.7	3.9	3.7	4.0	4.5	6.0	+1.5ss
Sex:										
Male	4.4	4.3	6.6	5.6	4.1	4.2	4.5	4.4	6.8	+2.4sss
Female	3.7	5.5	5.5	5.7	3.7	2.8	3.4	4.2	5.2	+1.0
College Plans:										
None or under 4 yrs	NA	5.0	6.9	7.0	5.6	4.7	5.6	6.5	8.1	+1.6
Complete 4 yrs	NA	4.5	4.7	4.4	2.7	2.6	2.8	2.6	4.3	+1.7sss
Region:										
Northeast	5.3	6.5	6.4	5.4	3.7	3.3	4.3	5.0	5.1	+0.1
North Central	4.1	4.3	6.2	5.5	3.4	4.1	4.3	5.0	7.4	+2.4ss
South	3.2	4.8	6.5	6.1	4.1	2.8	3.5	3.7	6.1	+2.4ss
West	4.5	5.5	3.5	6.8	4.5	4.2	4.4	3.4	5.2	+1.8
Population Density:										
Large SMSA	6.2	6.1	6.2	4.5	2.5	4.5	4.5	5.3	6.1	+0.8
Other SMSA	4.1	5.9	6.2	6.9	5.5	3.2	3.9	4.2	6.6	+2.4sss
Non-SMSA	2.4	3.5	5.5	5.3	3.1	3.4	4.1	3.6	5.5	+1.9s

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss= .001.

Number of cases for all years can be found in Appendix C.

See Appendix D for definition of variables in table.

NA indicates data not available.

[a] This question was asked in one form only in 1975 and 1976 and in two forms in all subsequent years.

TABLE 9-9a

Barbiturates: Trends in Use Prior to Tenth Grade by Subgroups

	Percent reporting first use prior to tenth grade[a]									
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	'82-'83 change
All seniors	4.1	4.6	5.5	5.3	3.7	3.2	3.7	3.5	4.9	+1.4sss
Sex:										
Male	4.7	4.1	6.0	5.3	3.5	3.8	3.8	3.6	5.3	+1.7ss
Female	3.7	4.9	5.0	5.2	3.6	2.9	3.0	3.6	4.3	+0.7
College Plans:										
None or under 4 yrs	NA	4.4	6.2	6.7	4.8	4.5	4.8	5.3	6.4	+1.1
Complete 4 yrs	NA	4.1	4.4	3.9	2.4	2.4	2.5	2.2	3.2	+1.0s
Region:										
Northeast	5.1	6.1	5.9	5.3	3.5	3.0	4.6	4.1	4.7	+0.6
North Central	4.3	3.6	5.9	4.9	3.3	3.8	4.1	3.4	6.1	+2.7ss
South	2.9	4.3	5.7	5.1	3.7	2.7	2.5	3.5	4.1	+0.6
West	4.2	5.5	3.4	6.4	3.9	3.6	4.0	3.2	4.0	+0.8
Population Density:										
Large SMSA	6.3	5.8	5.4	4.6	2.5	3.9	3.6	3.9	5.2	+1.3
Other SMSA	3.9	5.5	6.1	5.9	4.8	3.0	3.9	3.4	4.8	+1.4s
Non-SMSA	2.6	3.1	4.8	4.8	2.6	3.5	2.9	3.6	4.6	+1.0

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C.

See Appendix D for definition of variables in table.

NA indicates data not available.

[a] This question was asked in one form only in 1975 and 1976 and in two forms in all subsequent years.

TABLE 9-9b

Quaaludes: Trends in Use Prior to Tenth Grade by Subgroups

	Percent reporting first use prior to tenth grade[a]									
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	'82-'83 change
All seniors	1.0	2.0	2.7	2.4	1.8	1.7	2.1	2.4	3.9	+1.5sss
Sex:										
Male	1.5	1.6	3.0	2.4	1.9	2.6	2.6	2.7	4.5	+1.8ss
Female	0.8	2.5	2.2	2.3	1.5	0.9	1.5	2.1	3.3	+1.2ss
College Plans:										
None or under 4 yrs	NA	2.1	3.1	2.6	2.4	2.4	2.8	3.6	5.5	+1.9ss
Complete 4 yrs	NA	1.8	1.8	1.9	1.2	1.1	1.4	1.4	2.6	+1.2ss
Region:										
Northeast	0.5	2.6	2.7	1.8	1.8	2.0	2.2	2.7	3.4	+0.7
North Central	1.6	2.0	2.6	2.2	1.3	1.9	1.8	3.2	4.6	+1.4
South	1.2	2.0	3.3	3.3	1.8	1.4	2.1	2.0	4.4	+2.4sss
West	0.9	1.2	0.6	2.3	2.0	2.0	2.4	1.7	2.8	+1.1
Population Density:										
Large SMSA	1.5	2.9	2.9	1.9	1.0	2.5	2.6	3.3	4.1	+0.8
Other SMSA	1.5	2.1	2.7	3.1	2.5	1.5	1.8	2.4	4.3	+1.9sss
Non-SMSA	0.4	1.4	2.1	1.9	1.6	1.2	2.1	1.7	3.4	+1.7ss

NOTES: Level of significance of difference between the two most recent classes:
s= .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C.

See Appendix D for definition of variables in table.

NA indicates data not available.

[a] This question was asked in one form only in 1975 and 1976 and in two forms in all subsequent years.

TABLE 9-10a

Barbiturates: Trends in Degree and Duration of Feeling High

Q. *When you take barbiturates how high do you usually get?*[a]	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983
PERCENT OF RECENT USERS:									
I don't take them to get high	8.2	11.7	11.4	12.8	12.6	13.7	12.4	10.8	10.6
Not at all high	6.3	4.6	6.0	7.3	7.3	2.0	9.0	8.6	13.5
A little high	24.7	22.6	22.0	18.9	20.7	28.8	21.4	23.8	20.3
Moderately high	37.1	46.3	40.4	42.4	35.7	39.8	37.9	39.9	38.7
Very high	23.6	14.7	20.3	18.6	23.6	15.8	19.3	16.9	16.8
N =	(186)	(266)	(270)	(256)	(204)	(168)	(176)	(155)	(120)
PERCENT OF ALL RESPONDENTS:									
No use in last 12 months	89.0	90.4	90.7	91.9	93.4	94.5	94.7	95.4	96.2
I don't take them to get high	0.9	1.1	1.1	1.0	0.8	0.8	0.7	0.5	0.4
Not at all high	0.7	0.4	0.6	0.6	0.5	0.1	0.5	0.4	0.5
A little high	2.7	2.2	2.0	1.5	1.4	1.6	1.1	1.1	0.8
Moderately high	4.1	4.4	3.8	3.4	2.4	2.2	2.0	1.8	1.5
Very high	2.6	1.4	1.9	1.5	1.6	0.9	1.0	0.8	0.6
N =	(1691)	(2771)	(2903)	(3160)	(3090)	(3032)	(3335)	(3397)	(3155)
Q. *When you take barbiturates how long do you usually stay high?*[a]									
PERCENT OF RECENT USERS:									
Usually don't get high	13.1	13.8	14.1	17.4	17.1	7.3	15.5	15.0	21.9
One to two hours	20.0	26.0	21.5	17.2	21.2	27.2	23.6	32.9	20.5
Three to six hours	42.4	44.6	47.7	52.0	41.6	51.0	45.6	42.9	40.4
Seven to 24 hours	23.7	14.7	14.1	13.4	20.1	13.2	14.9	8.5	15.2
More than 24 hours	0.8	0.9	2.6	0.0	0.0	1.3	0.4	0.7	1.9
N =	(185)	(258)	(265)	(255)	(205)	(166)	(175)	(154)	(121)
PERCENT OF ALL RESPONDENTS:									
No use in last 12 months	89.0	90.4	90.7	91.9	93.4	94.5	94.7	95.5	96.2
Usually don't get high	1.4	1.3	1.3	1.4	1.1	0.4	0.8	0.7	0.8
One to two hours	2.2	2.5	2.0	1.4	1.4	1.5	1.2	1.5	0.8
Three to six hours	4.7	4.3	4.4	4.2	2.8	2.8	2.4	1.9	1.5
Seven to 24 hours	2.6	1.4	1.3	1.1	1.3	0.7	0.8	0.4	0.6
More than 24 hours	0.1	0.1	0.2	0.0	0.0	0.1	0.0	0.0	0.1
N =	(1682)	(2688)	(2849)	(3148)	(3091)	(3030)	(3334)	(3396)	(3156)

---

[a] These questions appear in just one form. They are asked only of respondents who report use of the drug in the prior twelve months (i.e., "recent users").

TABLE 9-10b

Quaaludes: Trends in Degree and Duration of Feeling High

Q. *When you take quaaludes how high do you usually get?*[a]	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983
PERCENT OF RECENT USERS:									
I don't take them to get high	5.3	2.3	4.5	4.6	3.2	1.7	2.9	2.7	1.0
Not at all high	2.3	0.6	7.9	2.0	2.1	2.7	1.7	2.6	4.6
A little high	15.9	8.2	9.2	12.4	12.7	16.7	16.3	18.6	12.4
Moderately high	33.1	39.2	29.7	32.3	39.1	31.3	39.2	38.4	38.6
Very high	43.4	49.7	48.7	48.7	42.8	47.7	39.9	37.7	43.3
N =	(115)	(126)	(189)	(163)	(175)	(218)	(258)	(223)	(145)
PERCENT OF ALL RESPONDENTS:									
No use in last 12 months	94.7	95.3	94.7	95.1	94.4	92.9	92.4	93.6	95.5
I don't take them to get high	0.3	0.1	0.2	0.2	0.2	0.1	0.2	0.2	0.0
Not at all high	0.1	0.0	0.4	0.1	0.1	0.2	0.1	0.2	0.2
A little high	0.8	0.4	0.5	0.6	0.7	1.2	1.2	1.2	0.6
Moderately high	1.8	1.8	1.6	1.6	2.2	2.2	3.0	2.5	1.7
Very high	2.3	2.3	2.6	2.4	2.4	3.4	3.0	2.4	1.9
N =	(2170)	(2681)	(3566)	(3326)	(3124)	(3085)	(3397)	(3488)	(3250)
Q. *When you take quaaludes how long do you usually stay high?*[a]									
PERCENT OF RECENT USERS:									
Usually don't get high	6.3	5.2	7.2	1.3	4.1	4.2	3.3	5.3	3.9
One to two hours	18.3	15.8	14.5	14.1	11.1	16.5	21.4	19.4	14.0
Three to six hours	48.7	52.2	46.3	50.3	51.7	57.0	54.9	58.2	61.8
Seven to 24 hours	24.9	25.3	28.1	33.0	30.8	21.0	19.7	16.0	18.2
More than 24 hours	1.8	1.5	3.9	1.2	2.2	1.4	0.7	1.0	2.1
N =	(112)	(130)	(185)	(161)	(177)	(217)	(255)	(224)	(147)
PERCENT OF ALL RESPONDENTS:									
No use in last 12 months	94.7	95.3	94.7	95.1	94.3	93.0	92.5	93.6	95.5
Usually don't get high	0.3	0.2	0.4	0.1	0.2	0.3	0.2	0.3	0.2
One to two hours	1.0	0.7	0.8	0.7	0.6	1.2	1.6	1.2	0.6
Three to six hours	2.6	2.5	2.5	2.5	2.9	4.0	4.1	3.7	2.8
Seven to 24 hours	1.3	1.2	1.5	1.6	1.7	1.5	1.5	1.0	0.8
More than 24 hours	0.1	0.1	0.2	0.1	0.1	0.1	0.1	0.1	0.1
N =	(2113)	(2766)	(3491)	(3286)	(3126)	(3084)	(3394)	(3489)	(3253)

---

[a] These questions appear in just one form. They are asked only of respondents who report use of the drug in the prior twelve months (i.e., "recent users").

BEST COPY AVAILABLE

FIGURE 9-1

Sedatives: Trends in Lifetime Prevalence for Earlier Grade Levels
Based on Retrospective Reports from Seniors

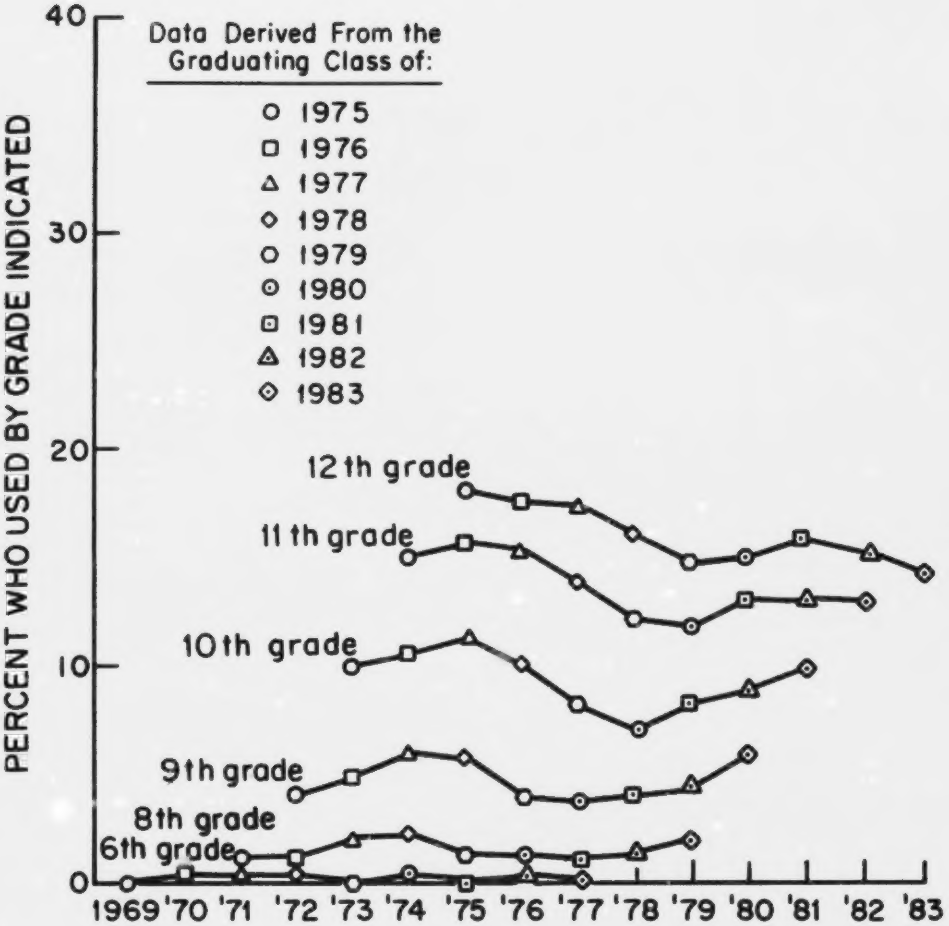


FIGURE 9-1a

Barbiturates: Trends in Lifetime Prevalence for Earlier Grade Levels
Based on Retrospective Reports from Seniors

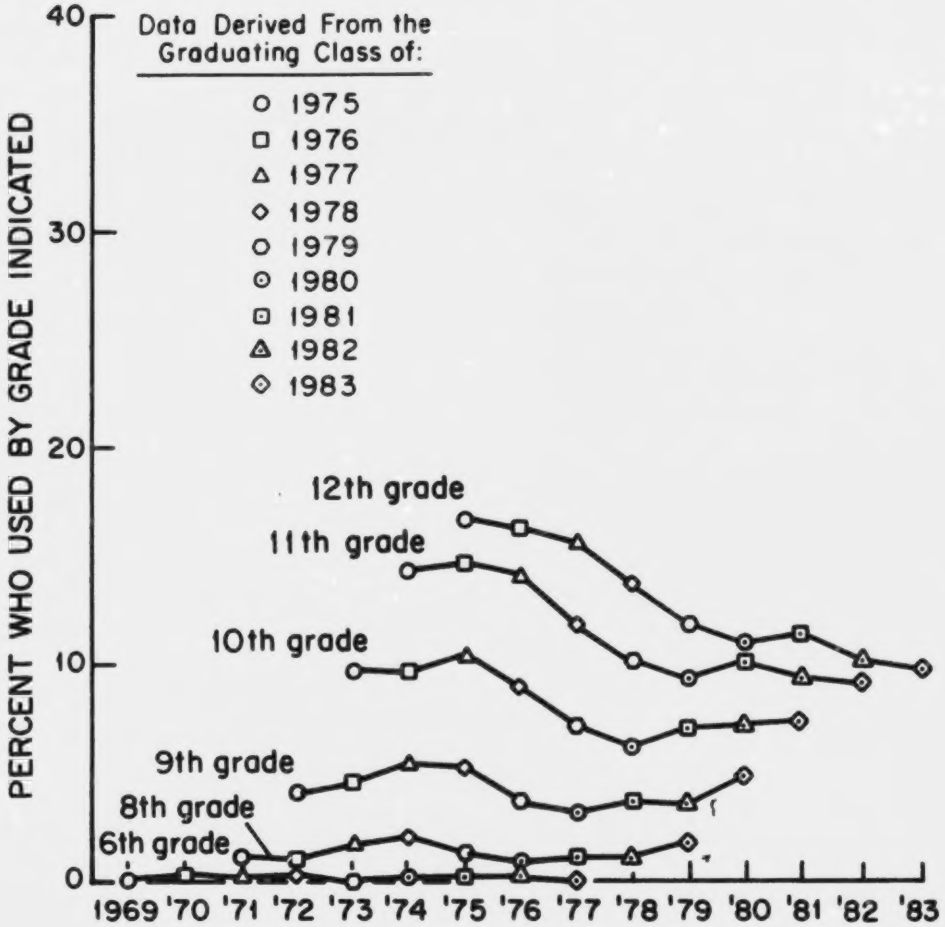


FIGURE 9-1b

Methaqualone: Trends in Lifetime Prevalence for Earlier Grade Levels
Based on Retrospective Reports from Seniors

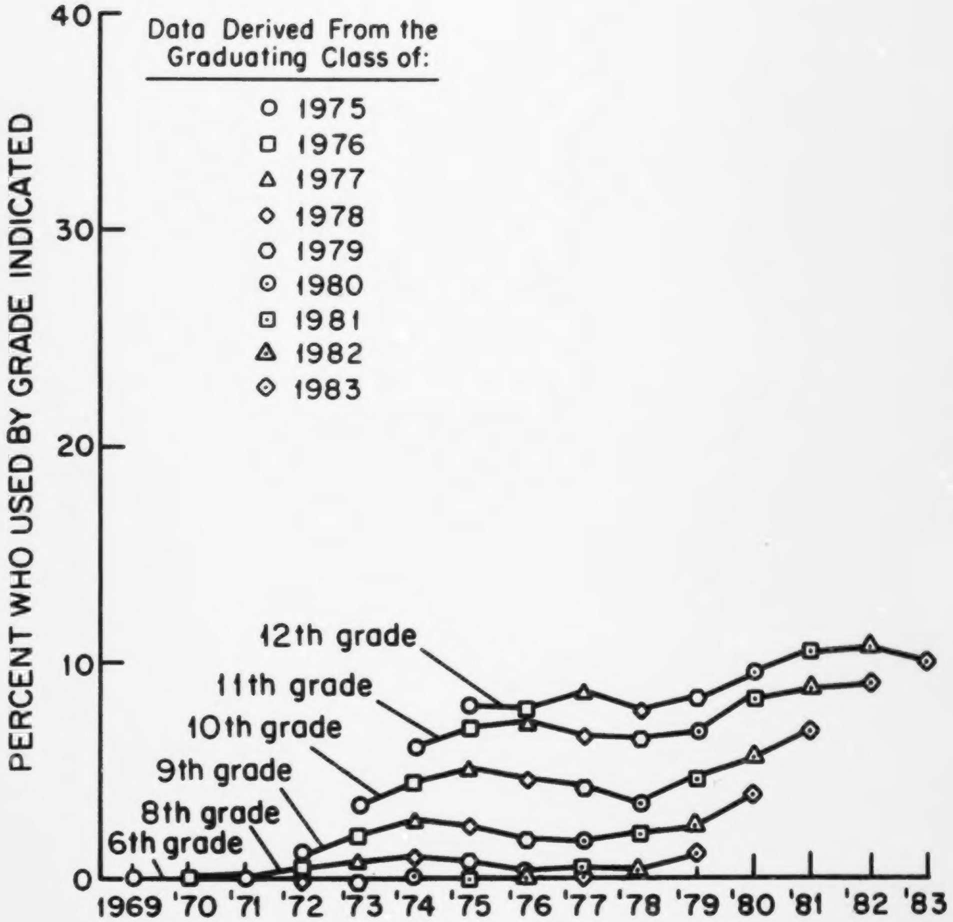
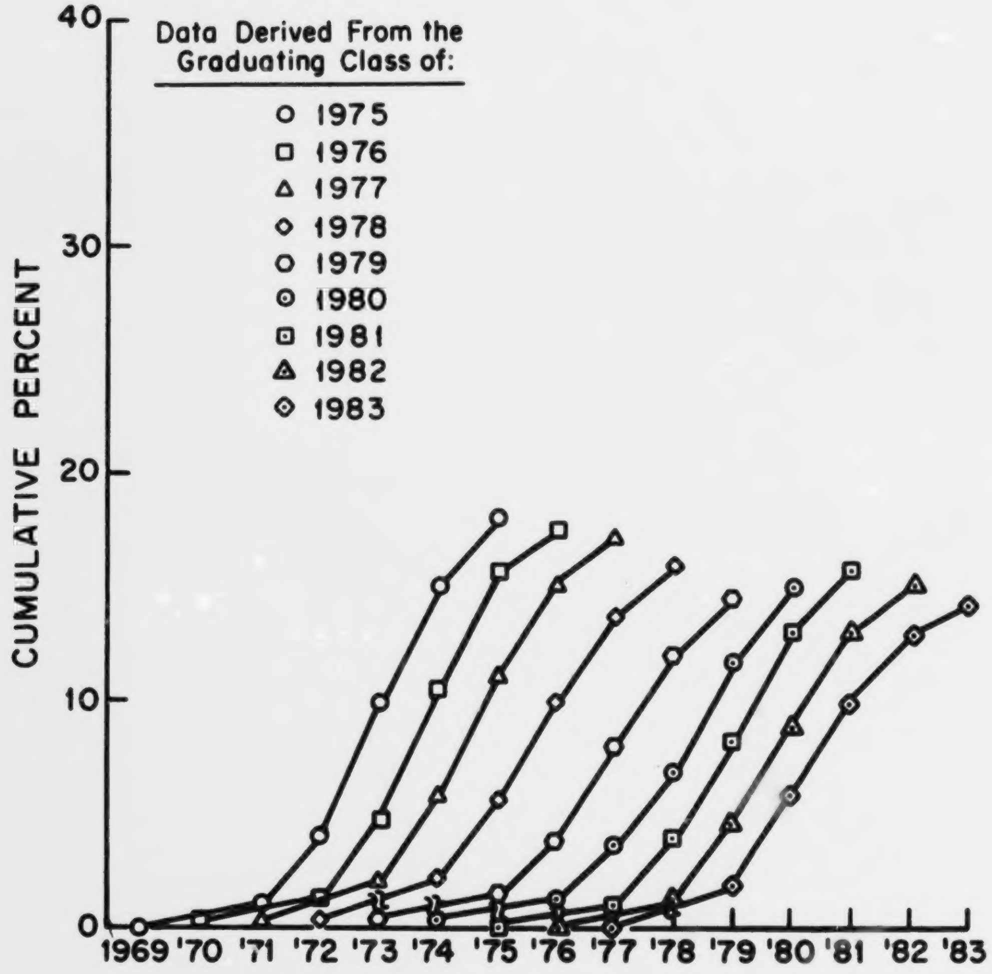


FIGURE 9-2

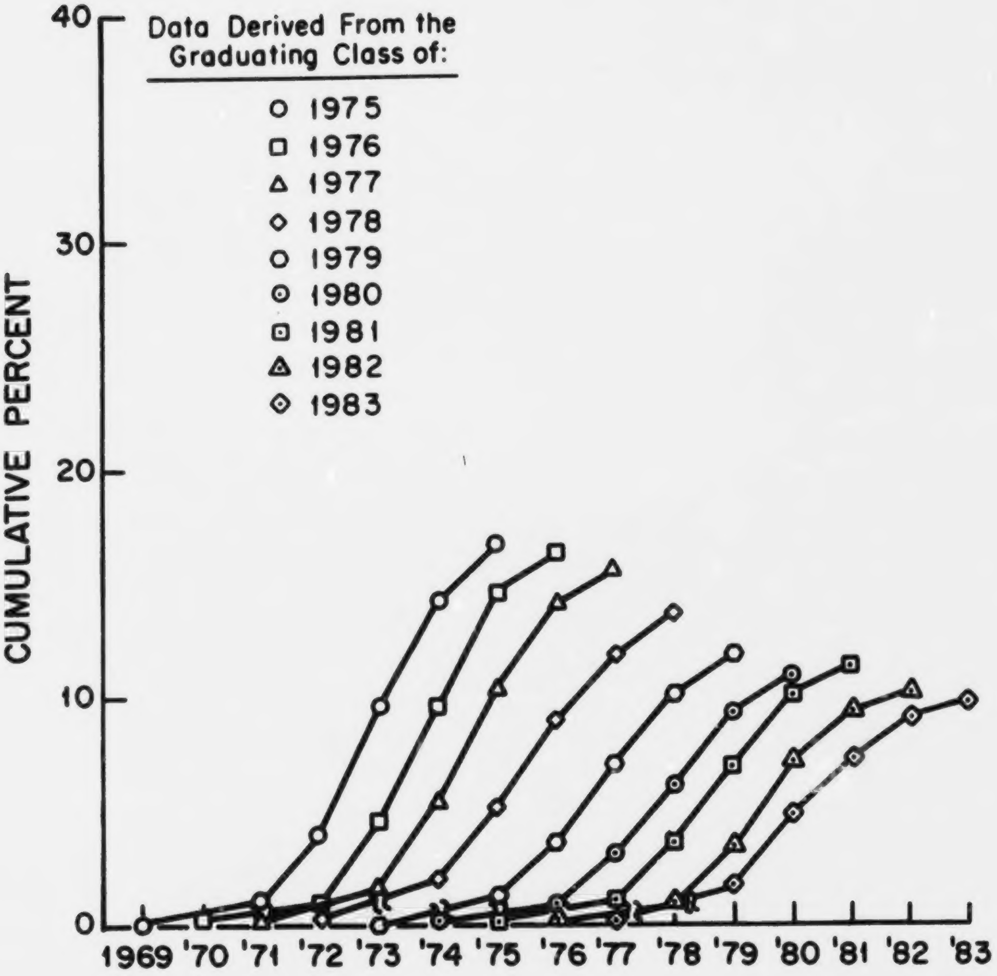
Sedatives: Cumulative Lifetime Prevalence for Each Graduating Class by Grade Level



NOTE: Each ascending curve represents the cumulative lifetime prevalence for a single graduating class, with the six sequential points demarcating (from left to right) the following grade levels: 6th, 8th, 9th, 10th, 11th, and 12th.

FIGURE 9-2a

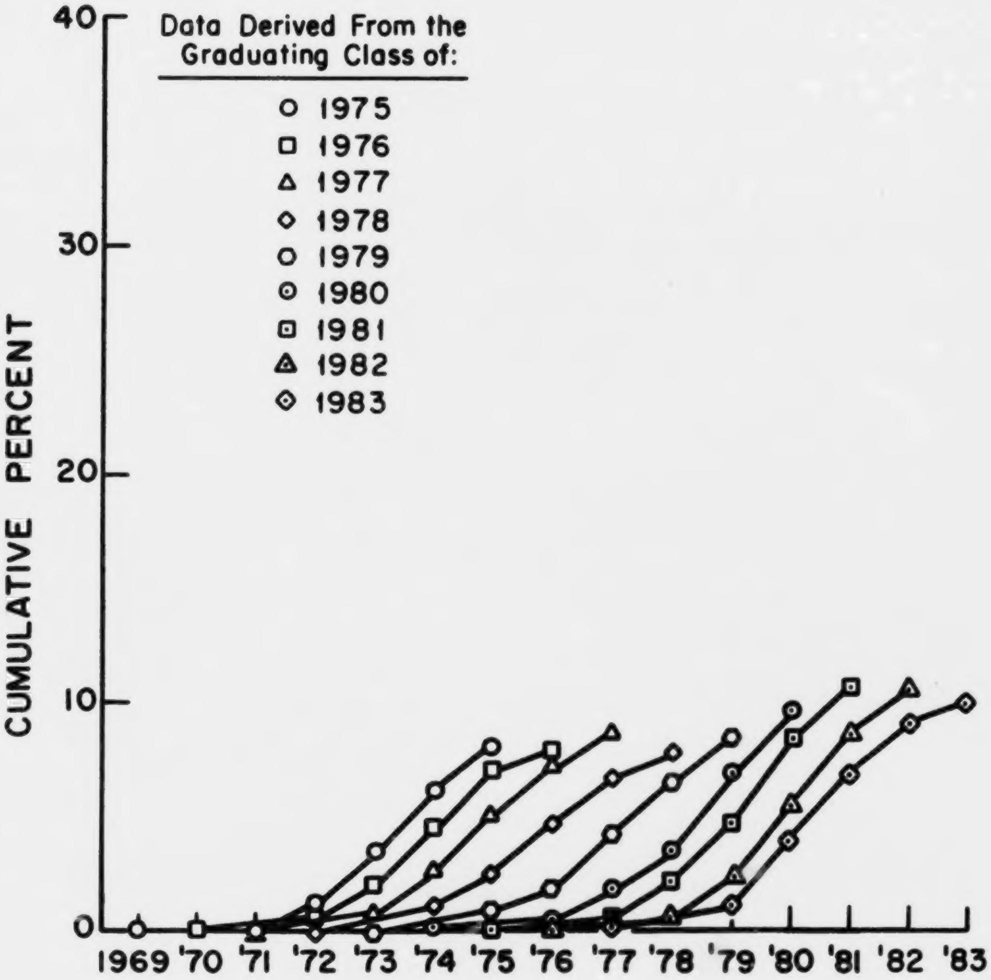
Barbiturates: Cumulative Lifetime Prevalence for Each Graduating Class by Grade Level



NOTE: Each ascending curve represents the cumulative lifetime prevalence for a single graduating class, with the six sequential points demarcating (from left to right) the following grade levels: 6th, 8th, 9th, 10th, 11th, and 12th.

FIGURE 9-2b

Methaqualone: Cumulative Lifetime Prevalence for Each Graduating Class by Grade Level



NOTE: Each ascending curve represents the cumulative lifetime prevalence for a single graduating class, with the six sequential points demarcating (from left to right) the following grade levels: 6th, 8th, 9th, 10th, 11th, and 12th.

Chapter 10

TRANQUILIZERS

As was the case for the other psychotherapeutic drugs, the questions on tranquilizers asked respondents to report only occasions on which they used such drugs without a doctor's orders. Their purposes for use may be recreational (e.g., to get high or feel good) or they may be instrumental (e.g., to offset the effects of other drugs or to calm their nerves). The questions do not distinguish among these various purposes.

One form of the questionnaire does contain a question about any use of tranquilizers which might have occurred under a doctor's direction. In all, 12.9% of the class of 1983 reported previous use under medical supervision. For 11.0% it was the first time they had used tranquilizers; the remaining 1.9% reported that their initial use was on their own. It appears, however, that some decline has occurred in the practice of prescribing tranquilizers to young people. In each of the classes of 1976 through 1979, about 17% reported having taken tranquilizers under a doctor's direction. In 1980, this figure dropped to 14.4% and continued to fall to 12.9% in 1983. This decline in prescriptions of tranquilizers is particularly important because it tends to overlap, and may even have contributed to, a decline in unsupervised use, as reported below.

Prevalence of Use in 1983

Total Sample	Table(s)
• Roughly one in every seven or eight seniors (13.3%) reports ever having used a tranquilizer without medical supervision. Half of those have used on only one or two occasions, and thus can be considered experimenters.	1,2,6
• Approximately one in fourteen (6.9%) reports use in the prior year, and 2.5% report use in the prior month.	3,4
• Relatively few (1.5%) have used on 20 or more occasions in their lifetime.	6
• Of those reporting any use in the past 30 days, over half used only once or twice during that period. Daily or near-daily use (defined as use on 20 or more occasions in the previous month), is reported by 0.2% of the seniors, which translates to about 33 respondents.	6

Subgroup Differences

• Sex Differences. Males and females show nearly identical levels of use, a pattern which emerged circa 1978. Prior to that, females slightly exceeded males in lifetime, annual and 30-day prevalence rates.	2,3,4,5

Table(s)

- College Plans. Those planning on completing four years of college report prevalence rates that are approximately one-fourth lower than those established by noncollege-bound seniors. (This finding has been replicated repeatedly in this study.) The figures for annual prevalence, for example, are 8.0% and 5.8%, respectively. Frequent use is even more disproportionately concentrated among the noncollege-bound. Some 1.3% of them report use on 10 or more occasions in the last year, vs. 0.7% of the college-bound (difference significant at .01 level). 2,3,4,5

- Region of the Country. There are only small regional differences in tranquilizer use, and such differences have not been consistent from year to year. Perhaps the most noteworthy fact is that the South has shown a higher than average prevalence rate in eight out of the nine classes surveyed: this is noteworthy because for most other drugs the South has a lower than average rate of use. 2,3,4,5

- Population Density. There are only small differences related to population density. 2,3,4,5

Recent Trends in Prevalence

Total Sample

- Use of tranquilizers without medical supervision was at its highest point for the class of 1977, and it has declined steadily since. During the six-year interval from 1977 to 1983, lifetime prevalence dropped from 18.0% to 13.3%, annual prevalence declined from 10.8% to 6.9%, and monthly prevalence dropped from 4.6% to 2.5% (each significant at $p < .001$). 2,3,4

Subgroup Differences in Trends

- Each of the subgroups showed a decline from 1977 to 1983. Except for a sex difference noted below, there is no clear or consistent evidence of differential subgroup trends. 2,3,4

- In the classes of 1975 through 1977 females were slightly more likely than males to have used tranquilizers without a doctor's orders. (They were also more likely to have taken tranquilizers under medical supervision—a pattern which has been consistently replicated in each successive year of the study, with the exception of the class of 1982.) However, from 1978 onward there have been no important male-female differences in prevalence. 2,3,4

Use at Earlier Grade Levels

- Of the 13.3% of seniors who have used tranquilizers without medical supervision, the great majority initially did so in 1,7,9

Table(s)

ninth grade or later (as was true for stimulants and sedatives). Also, modeling the trends established with the sedatives and "adjusted" stimulants, a significant rise in early onset (prior to the tenth grade) occurred for the class of 1983.

- Figure 1 displays a peaking in lifetime prevalence of medically unsupervised tranquilizer use between 1974-1977 for the various grade levels. The graduating classes of 1977 or 1978 showed the peak lifetime prevalence rates at all grade levels until this year. The exception occurred at the 8th grade level, where early initiation rates were in slight excess of the 1977 levels. From Figure 1, one can also see the recent upturn in prevalence at the earlier grade levels, and the continuing decline in the proportion reporting initial use occurring in the upper grade levels. Fig 1

- Subgroup differences in early onset for the most part parallel the differences observable at twelfth grade. That is, there are relatively small, inconsistent regional or urbanicity differences, and the noncollege-bound show higher rates of early prevalence. The one exception is that since 1980 males have consistently reported a greater propensity toward early initiation. In 1983, the gap between the sexes widened, in terms of early initiation, with males showing a statistically significant increase in early prevalence rates. 2,8,9

Probability of Future Use

- About 4% of 1983 seniors say they "probably" or "definitely" will be using tranquilizers five years in the future, while 71% say they "definitely" will not. 6

- There has been relatively little change in these figures in recent years, although what change has occurred has been consistent with the decline in use since 1977. 6

Degree and Duration of Highs

- Seniors reporting any use of tranquilizers during the prior twelve months without medical orders were asked to describe the degree and duration of the highs they experienced. 10

- About one out of every five such users (20%) say they do not use tranquilizers to get high, and another 17% say they usually do not get high when using them. Most of the remaining users say they used them only to get "a little high" (28%) or "moderately high" (26%). Thus, of all of the drug classes discussed in this volume (except cigarettes), tranquilizers are used the least for attaining a sense of euphoria or inebriation. (Interestingly, however, there is a nearly 10

Table(s)

identical proportion of "adjusted" stimulant users who report either not using the drug to get high (24%), or usually not getting high when using amphetamines (12%).)

- Of those who get high with tranquilizers, the great majority state that they usually stay high less than 7 hours, and many (22% of all users) stay high only 1 or 2 hours. 10

- While the cross-time trends in the intensity and duration of highs has been uneven, there has been some movement toward less intense and shorter-lasting highs being associated with tranquilizer use. 10

TABLE 10-1

Tranquilizers: Prevalence (Ever Used) and Recency of Use by Subgroups, Class of 1983

(Entries are percentages)

	Number of Cases (Approx.)	Ever used	Past month	Past year, not past month	Not past year	Never used
All seniors	16300	13.3	2.5	4.4	6.4	86.7
Sex:						
Male	7800	13.7	2.6	4.4	6.7	86.3
Female	8000	12.7	2.4	4.3	6.0	87.3
College Plans:						
None or under 4 yrs	6300	15.3	3.4	4.6	7.3	84.7
Complete 4 yrs	8800	11.3	1.9	3.9	5.5	88.7
Region:						
Northeast	3900	12.3	2.3	4.5	5.5	87.7
North Central	4600	13.4	2.7	4.1	6.6	86.6
South	5200	13.9	2.9	4.5	6.5	86.1
West	2600	13.2	1.9	4.3	7.0	86.8
Population Density:						
Large SMSA	4200	12.9	2.4	4.6	5.9	87.1
Other SMSA	6800	14.4	2.6	4.6	7.2	85.6
Non-SMSA	5300	12.2	2.5	4.0	5.7	87.8

NOTE: See Appendix D for definition of variables in table.

TABLE 10-2

Tranquilizers: Trends in Lifetime Prevalence of Use by Subgroups

	Percent ever used									
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	'82-'83 change
All seniors	17.0	16.8	18.0	17.0	16.3	15.2	14.7	14.0	13.3	-0.7
Sex:										
Male	15.7	15.5	16.5	16.4	15.7	14.9	14.4	13.8	13.7	-0.1
Female	18.1	18.0	19.5	17.6	16.7	15.5	14.9	14.2	12.7	-1.5
College Plans:										
None or under 4 yrs	NA	18.6	20.4	19.5	18.3	18.8	17.1	16.2	15.3	-0.9
Complete 4 yrs	NA	14.7	15.4	14.6	14.0	12.4	12.9	12.4	11.3	-1.1
Region:										
Northeast	14.7	16.2	17.4	18.3	18.2	14.3	15.5	14.1	12.3	-1.8
North Central	17.3	15.8	18.1	15.4	13.5	14.6	14.5	13.0	13.4	+0.4
South	17.3	18.7	19.0	17.5	17.0	16.5	14.2	14.7	13.9	-0.8
West	19.5	16.2	16.9	17.3	17.1	15.2	15.2	14.6	13.2	-1.4
Population Density:										
Large SMSA	17.5	16.5	16.8	17.5	16.7	15.0	15.4	13.3	12.9	-0.4
Other SMSA	18.1	18.4	18.7	18.0	17.7	16.4	14.8	14.4	14.4	0.0
Non-SMSA	15.4	15.3	18.0	15.3	14.0	13.8	14.2	14.1	12.2	-1.9

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 10-3

Tranquilizers: Trends in Annual Prevalence of Use by Subgroups

	Percent who used in last twelve months									
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	'82-'83 change
All seniors	10.6	10.3	10.8	9.9	9.6	8.7	8.0	7.0	6.9	-0.1
Sex:										
Male	10.0	9.4	10.2	9.7	9.9	9.0	8.0	6.9	7.0	+0.1
Female	11.1	11.0	11.4	10.1	9.3	8.5	7.7	7.1	6.7	-0.4
College Plans:										
None or under 4 yrs	NA	11.5	12.3	11.1	11.0	10.7	9.4	8.0	8.0	0.0
Complete 4 yrs	NA	8.9	9.0	8.6	8.1	7.2	6.9	6.3	5.8	-0.5
Region:										
Northeast	9.2	9.7	10.4	10.9	11.5	8.6	8.3	7.8	6.8	-1.0
North Central	10.6	10.1	11.0	8.8	7.5	8.2	7.8	6.2	6.8	+0.6
South	11.3	11.7	11.4	10.5	10.4	9.5	7.8	7.4	7.4	0.0
West	11.7	8.5	9.6	8.9	9.4	8.6	8.0	6.4	6.2	-0.2
Population Density:										
Large SMSA	11.2	9.6	9.6	10.3	9.9	8.7	8.3	7.0	7.0	0.0
Other SMSA	11.0	11.3	11.4	10.1	10.2	9.3	8.1	7.2	7.2	0.0
Non-SMSA	9.9	9.5	11.0	9.2	8.7	8.0	7.5	6.8	6.5	-0.3

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 10-4

Tranquilizers: Trends in Thirty-Day Prevalence of Use by Subgroups

	Percent who used in last thirty days									
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	'82-'83 change
All seniors	4.1	4.0	4.6	3.4	3.7	3.1	2.7	2.4	2.5	+0.1
Sex:										
Male	3.8	3.8	4.4	3.2	3.6	3.3	2.7	2.6	2.6	0.0
Female	4.3	4.2	4.8	3.7	3.8	2.9	2.6	2.2	2.4	+0.2
College Plans:										
None or under 4 yrs	NA	4.4	5.4	4.1	4.4	4.2	3.3	2.8	3.4	+0.6
Complete 4 yrs	NA	3.3	3.5	2.8	2.8	2.2	2.2	2.0	1.9	-0.1
Region:										
Northeast	3.2	3.6	4.3	4.1	4.4	2.8	2.7	2.8	2.3	-0.5
North Central	4.2	4.1	5.2	3.0	2.5	3.0	3.0	1.9	2.7	+0.8
South	4.7	4.7	4.6	3.5	4.2	4.0	2.6	2.6	2.9	+0.3
West	4.0	3.0	3.6	3.0	3.6	2.3	2.3	1.9	1.9	0.0
Population Density:										
Large SMSA	4.1	3.6	4.0	3.6	3.6	2.6	2.9	2.2	2.4	+0.2
Other SMSA	4.6	4.2	4.4	3.5	4.1	3.3	2.5	2.4	2.6	+0.2
Non-SMSA	3.5	4.0	5.3	3.2	3.1	3.3	2.7	2.5	2.5	0.0

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 10-5

Tranquilizers: Frequency of Use in the Last Year by Subgroups, Class of 1983

(Entries are percentages)

	Number of Cases (Approx.)	Number of occasions in last 12 months: None	1-2	3-5	6-9	10-19	20-39	40+
All seniors	16300	93.1	3.8	1.4	0.7	0.5	0.3	0.2
Sex:								
Male	7800	93.0	3.7	1.4	0.7	0.5	0.4	0.3
Female	8000	93.3	3.8	1.4	0.7	0.5	0.2	0.1
College Plans:								
None or under 4 yrs	6300	92.0	4.0	1.7	0.9	0.6	0.4	0.3
Complete 4 yrs	8800	94.2	3.5	1.1	0.6	0.4	0.2	0.1
Region:								
Northeast	3900	93.2	3.7	1.9	0.4	0.5	0.2	0.1
North Central	4600	93.2	3.4	1.4	0.8	0.6	0.4	0.3
South	5200	92.6	4.0	1.4	1.0	0.5	0.3	0.2
West	2600	93.8	4.1	0.9	0.6	0.4	0.1	0.1
Population Density:								
Large SMSA	4200	93.0	3.8	1.7	0.6	0.5	0.2	0.2
Other SMSA	6800	92.8	4.0	1.3	0.8	0.6	0.3	0.2
Non-SMSA	5300	93.5	3.4	1.4	0.7	0.4	0.3	0.2

NOTE: See Appendix D for definition of variables in table.

TABLE 10-6

Tranquilizers: Trends in Frequency of Use for Lifetime, Last Year, and Last Thirty Days and in Probability of Future Use

(Entries are percentages)

	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983
Lifetime use									
No occasions	83.0	83.2	82.0	83.0	83.7	84.8	85.3	86.0	86.7
1-2 occasions	7.8	7.5	7.8	7.7	7.7	7.4	7.3	7.2	6.6
3-5 occasions	3.1	3.4	3.3	3.7	3.2	3.0	2.8	2.8	2.7
6-9 occasions	2.1	2.0	2.1	1.9	1.7	1.5	1.6	1.5	1.3
10-19 occasions	1.6	1.7	2.1	1.7	1.6	1.4	1.4	1.2	1.2
20-39 occasions	1.0	1.0	1.2	0.9	0.9	0.8	0.8	0.6	0.7
40 or more	1.4	1.2	1.5	1.1	1.2	1.1	0.9	0.8	0.8
N =	(9523)	(15832)	(17574)	(18097)	(16029)	(15902)	(17626)	(17742)	(16401)
Use in last twelve months									
No occasions	89.4	89.7	89.2	90.1	90.4	91.3	92.0	93.0	93.1
1-2 occasions	5.4	5.2	5.1	5.3	4.9	4.8	4.4	4.0	3.8
3-5 occasions	2.2	2.2	1.9	2.1	2.1	1.6	1.5	1.4	1.4
6-9 occasions	1.2	1.3	1.6	1.0	1.1	1.0	1.0	0.6	0.7
10-19 occasions	0.9	0.8	1.1	0.8	0.9	0.7	0.6	0.6	0.5
20-39 occasions	0.5	0.4	0.5	0.4	0.4	0.4	0.3	0.3	0.3
40 or more	0.4	0.4	0.5	0.3	0.2	0.3	0.1	0.2	0.2
N =	(9518)	(15788)	(17538)	(18068)	(15994)	(15864)	(17598)	(17732)	(16383)
Use in last thirty days									
No occasions	95.9	96.0	95.4	96.6	96.3	96.9	97.3	97.6	97.5
1-2 occasions	2.4	2.5	2.5	2.1	2.2	1.8	1.6	1.5	1.5
3-5 occasions	0.9	0.8	1.0	0.7	0.8	0.7	0.6	0.4	0.5
6-9 occasions	0.5	0.4	0.5	0.4	0.3	0.3	0.3	0.2	0.3
10-19 occasions	0.3	0.2	0.3	0.2	0.2	0.2	0.2	0.1	0.2
20-39 occasions	0.0	0.1	0.1	0.0	0.1	0.0	0.0	0.1	0.1
40 or more	0.0	0.1	0.1	0.0	0.0	0.0	0.0	0.0	0.1
N =	(9507)	(15782)	(17520)	(18053)	(15981)	(15857)	(17585)	(17723)	(16382)
Probability of future use									
Definitely will not	70.7	69.8	67.1	67.0	69.8	70.8	68.5	71.1	71.4
Probably will not	25.5	25.9	27.5	28.8	26.1	25.3	27.4	25.4	24.3
Probably will	3.4	3.8	4.7	3.7	3.4	3.5	3.5	2.8	3.5
Definitely will	0.4	0.5	0.8	0.5	0.7	0.4	0.6	0.6	0.8
N =	(2911)	(3031)	(3375)	(3436)	(3058)	(3010)	(3349)	(3450)	(3248)

TABLE 10-7

Tranquilizers: Trends in Grade in Which First Used

	Percent reporting first use in each grade								
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983
Sixth grade (or below)	0.2	0.4	0.5	0.7	0.3	0.3	0.3	0.6	0.4
Seventh or Eighth grade	1.0	0.8	1.7	2.0	1.5	1.6	1.4	1.0	2.2
Ninth grade	2.9	3.3	3.7	4.2	2.7	3.0	3.4	2.6	3.4
Tenth grade	3.9	4.7	4.6	4.2	4.6	3.3	3.9	3.9	3.2
Eleventh grade	5.5	5.7	4.9	4.1	4.6	4.4	3.8	3.9	2.4
Twelfth grade	3.5	1.9	2.6	1.8	2.4	2.6	1.9	2.0	1.6
Never used	83.0	83.2	82.0	83.0	83.7	84.8	85.3	86.0	86.7
N[a] =	(2831)	(2832)	(5821)	(5859)	(5308)	(5305)	(5911)	(6029)	(5586)

---

[a] This question was asked in one form only in 1975 and 1976 and in two forms in all subsequent years.

TABLE 10-8

Tranquilizers: Grade in Which First Used by Subgroups, Class of 1983

(Entries are percentages)

		Grade in school						
	Number of Cases (Approx.)	6 or below	7/8	9	10	11	12	Never used
All seniors	5800	0.4	2.2	3.4	3.2	2.4	1.6	86.7
Sex:								
Male	2800	0.4	2.5	4.4	3.5	1.9	1.0	86.3
Female	2900	0.6	1.9	2.5	2.9	2.9	1.9	87.3
College Plans:								
None or under 4 yrs	2100	0.6	3.3	3.7	3.7	2.9	1.0	84.7
Complete 4 yrs	3400	0.4	1.5	2.4	3.0	2.2	1.7	88.7
Region:								
Northeast	1300	0.4	2.1	2.9	2.3	3.1	1.4	87.7
North Central	1500	0.4	2.3	2.8	4.3	2.3	1.3	86.6
South	1900	0.8	2.2	4.1	2.9	2.3	1.6	86.1
West	1100	0.2	2.6	3.8	2.4	2.4	1.9	86.8
Population Density:								
Large SMSA	1700	0.4	1.9	3.0	2.7	2.5	2.3	87.1
Other SMSA	2500	0.6	1.9	4.0	3.5	2.9	1.5	85.6
Non-SMSA	1500	0.2	2.9	3.1	3.1	1.9	1.0	87.8

NOTE: See Appendix D for definition of variables in table.

TABLE 10-9

Tranquilizers: Trends in Use Prior to Tenth Grade by Subgroups

	Percent reporting first use prior to tenth grade[a]									
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	'82-'83 change
All seniors	4.1	4.5	5.9	6.9	4.5	4.9	5.1	4.2	6.0	+1.8sss
Sex:										
Male	4.4	4.7	5.1	5.6	4.3	4.9	5.6	4.8	7.3	+2.5sss
Female	4.3	4.3	6.3	8.1	4.7	4.8	4.8	3.9	5.0	+1.1
College Plans:										
None or under 4 yrs	NA	4.3	6.7	8.4	5.5	6.5	6.5	5.0	7.6	+2.6ss
Complete 4 yrs	NA	4.2	4.7	5.8	3.7	3.5	4.0	3.7	4.3	+0.6
Region:										
Northeast	3.0	4.5	6.1	7.2	4.1	3.8	4.9	4.6	5.4	+0.8
North Central	4.0	3.8	5.2	6.3	4.2	5.5	5.3	4.0	5.5	+1.5
South	4.5	5.4	6.6	6.1	4.6	4.7	4.4	4.0	7.1	+3.1sss
West	5.9	2.2	5.1	10.1	5.4	5.7	6.2	4.8	6.6	+1.8
Population Density:										
Large SMSA	4.6	4.4	5.3	6.8	3.8	4.5	5.3	4.1	5.3	+1.2
Other SMSA	4.3	4.9	6.1	7.6	6.1	5.7	5.9	4.6	6.5	+1.9ss
Non-SMSA	3.9	3.9	5.9	6.3	3.2	4.2	4.0	4.0	6.2	+2.2s

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C.

See Appendix D for definition of variables in table.

NA indicates data not available.

[a] This question was asked in one form only in 1975 and 1976 and in two forms in all subsequent years.

TABLE 10-10

Tranquilizers: Trends in Degree and Duration of Feeling High

Q. *When you take tranquilizers how high do you usually get?*[a]	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983
PERCENT OF RECENT USERS:									
I don't take them to get high	17.9	18.5	23.6	23.0	16.8	14.7	19.1	25.3	20.2
Not at all high	11.1	16.2	12.4	14.0	15.0	17.6	17.0	17.3	17.1
A little high	30.1	24.1	29.5	27.0	27.0	27.5	28.7	30.0	27.7
Moderately high	28.9	31.4	25.8	29.1	30.5	29.8	22.9	18.5	26.0
Very high	11.9	9.8	8.7	6.8	10.8	10.5	12.4	8.8	9.0
N =	(159)	(235)	(283)	(267)	(218)	(205)	(223)	(154)	(128)
PERCENT OF ALL RESPONDENTS:									
No use in last 12 months	89.4	89.7	89.2	90.1	92.9	93.2	93.3	95.5	96.0
I don't take them to get high	1.9	1.9	2.5	2.3	1.2	1.0	1.3	1.1	0.8
Not at all high	1.2	1.7	1.3	1.4	1.1	1.2	1.1	0.8	0.7
A little high	3.2	2.5	3.2	2.7	1.9	1.9	1.9	1.4	1.1
Moderately high	3.1	3.2	2.8	2.9	2.2	2.0	1.5	0.8	1.0
Very high	1.3	1.0	0.9	0.7	0.8	0.7	0.8	0.4	0.4
N =	(1500)	(2282)	(2620)	(2697)	(3073)	(3040)	(3330)	(3420)	(3186)
Q. *When you take tranquilizers how long do you usually stay high?*[a]									
PERCENT OF RECENT USERS:									
Usually don't get high	29.9	33.0	31.6	32.7	27.8	27.9	31.1	31.9	38.8
One to two hours	17.6	24.1	22.5	26.0	21.3	25.4	27.2	25.0	21.6
Three to six hours	42.9	35.6	38.8	32.3	40.2	32.4	32.1	33.3	32.5
Seven to 24 hours	9.5	6.5	6.1	8.7	9.4	14.2	9.5	9.8	6.3
More than 24 hours	0.0	0.7	1.0	0.4	1.3	0.0	0.0	0.0	0.8
N =	(158)	(236)	(282)	(269)	(221)	(200)	(221)	(151)	(132)
PERCENT OF ALL RESPONDENTS:									
No use in last 12 months	89.4	89.7	89.2	90.1	92.8	93.4	93.4	95.6	95.9
Usually don't get high	3.2	3.4	3.4	3.2	2.0	1.8	2.1	1.4	1.6
One to two hours	1.9	2.5	2.4	2.6	1.5	1.7	1.8	1.1	0.9
Three to six hours	4.5	3.7	4.2	3.2	2.9	2.1	2.1	1.5	1.3
Seven to 24 hours	1.0	0.7	0.7	0.9	0.7	0.9	0.6	0.4	0.3
More than 24 hours	0.0	0.1	0.1	0.0	0.1	0.0	0.0	0.0	0.0
N =	(1491)	(2291)	(2611)	(2717)	(3075)	(3034)	(3328)	(3417)	(3190)

---

[a] These questions appear in just one form. They are asked only of respondents who report use of the drug in the prior twelve months (i.e., "recent users").

FIGURE 10-1

Tranquilizers: Trends in Lifetime Prevalence for Earlier Grade Levels
Based on Retrospective Reports from Seniors

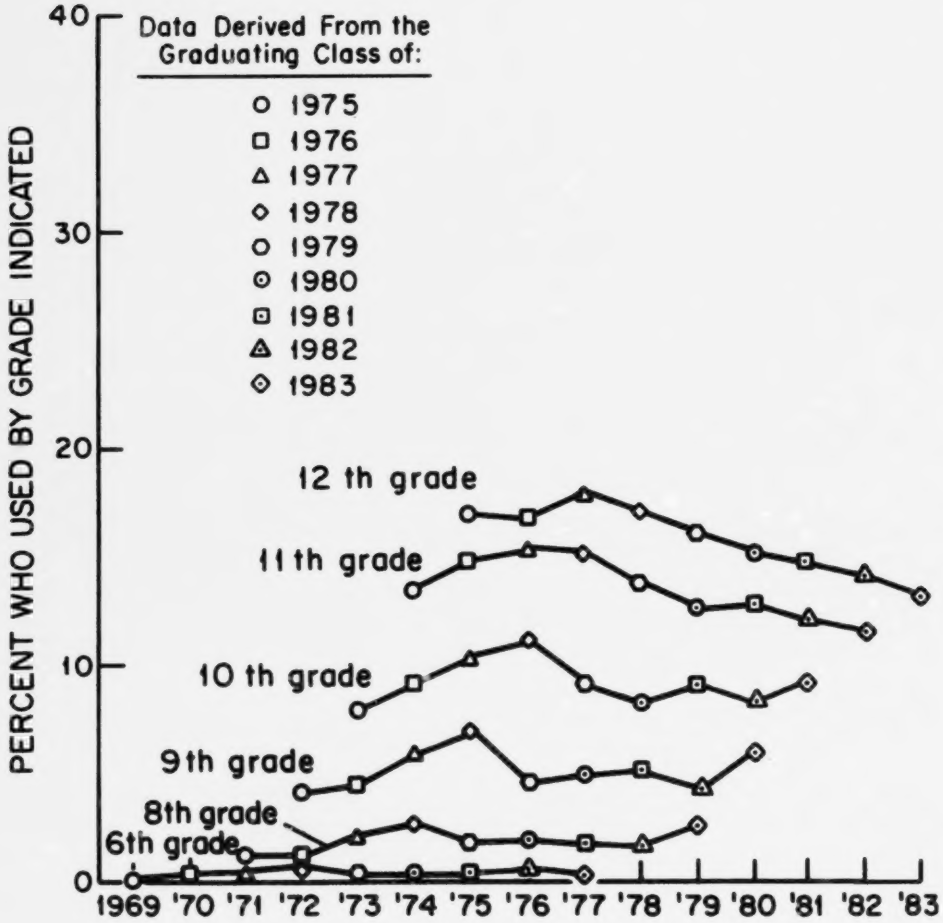
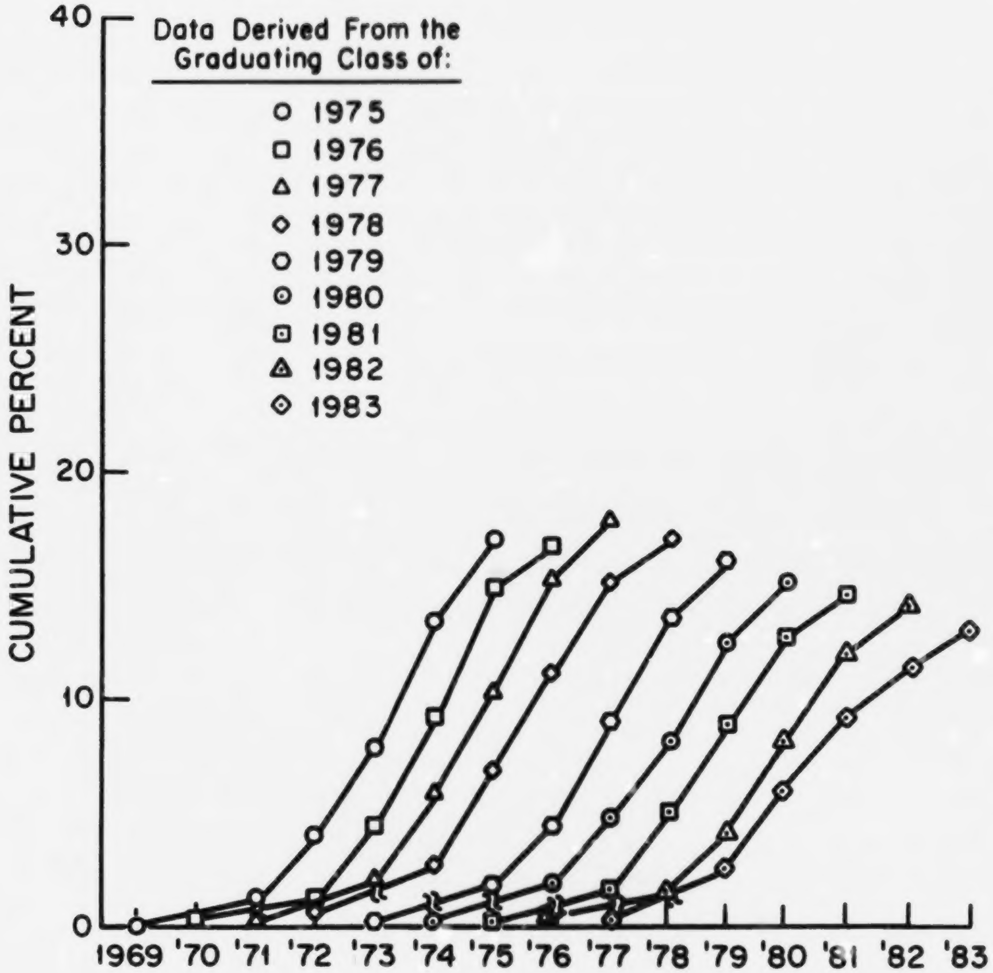


FIGURE 10-2

Tranquilizers: Cumulative Lifetime Prevalence for Each Graduating Class by Grade Level



NOTE: Each ascending curve represents the cumulative lifetime prevalence for a single graduating class, with the six sequential points demarcating (from left to right) the following grade levels: 6th, 8th, 9th, 10th, 11th, and 12th.

Chapter 11

ALCOHOL

Alcohol is the most widely used of all of the drugs discussed in this report. It is, of course, available in the United States in the form of beer, wine, and hard liquor. Distinctions are not made among the classes of beverage since the majority of respondents were asked to report only their overall alcohol consumption in any of its forms. (There are both practical and analytic advantages to getting data in a form in which the respondent summarizes across beverages.) From more detailed information gathered separately for the different classes of beverage, however, we know that beer is the predominant alcoholic beverage used by high school students.

Because of the very high alcohol prevalence figures for all senior classes and all subgroups, overall prevalence proves not to be a very sensitive statistic for differentiating groups. Thus, much of the discussion will focus on the shorter time periods and the higher frequency levels within time periods. In fact, a special table (Table 11-10) has been added to show prevalence figures for daily use by the various subgroups in the population, while Tables 11-16 through 11-18 deal with the number of occasions on which respondents consumed five or more drinks in a row.

Prevalence of Use in 1983

Total Sample

	Table(s)
• Nearly all seniors (93%) have tried alcohol, and the great majority (87%) have used it during the past year.	1,2,3
• Most (69%) have used it during the month prior to the survey.	1,4
• Nearly half (46%) report recent weekly use (i.e., three or more occasions during the past 30 days).	6
• Daily use (defined as 20 or more occasions during the prior 30 days) was reported by 5.5% of the sample.	6,10
• Importantly, fully 41% indicated that they had consumed five or more drinks on at least one occasion during the previous two-week interval, while 5.7% reported such heavy drinking on six or more occasions during that interval.	16

Subgroup Differences

• Sex Differences. Alcohol use is more prevalent among males than among females. About 74% of the males have used alcohol during the prior 30 days, compared with 64% of the females. About twice as many males as females (27% versus 13%) report using alcohol 40 or more times during the past year; and daily use occurs nearly three times as often among	2,3,4,5 10,18

Table(s)

males as among females (7.7% vs. 2.8%). Instances of heavy drinking in the prior two weeks are also much higher among males (50% vs. 31%).

- College Plans. Annual and monthly prevalence rates are about the same for those planning four years of college, as for those who are not. However, alcohol consumption on about a weekly basis over the year (i.e., 40 or more times during the past twelve months) is slightly lower among those planning four years of college (19%) than among those without such plans (21%). Daily use is substantially less prevalent among the college-bound (4.0% vs. 6.7%), and instances of heavy drinking are somewhat less prevalent (37% vs. 45%). 2,3,4,5 10,18

- Region of the Country. The four regions tend to divide into two groups on the prevalence of alcohol use. The South and the West have lower prevalence rates for all three prevalence intervals, while the Northeast and North Central have higher rates. For example, 65% and 63% of the students in the South and West, respectively, report use in the prior 30 days, while the comparable percentage for both the Northeast and North Central is 74%. More frequent use is also less common in the South and West. 2,3,4,5 10,18

- Population Density. There were no important differences in alcohol consumption related to population density, as of 1983. (There were, however, some differences in earlier years, and thus some differences in trends, as noted below.) 2,3,4,5 10,18

Recent Trends in Prevalence

Total Sample

- The data indicate some slight upward drift between 1975 and 1978 in the lifetime, annual, and 30-day prevalence trends for alcohol use among high school seniors. For example, annual prevalence rose from about 85% in 1975 to 88% in 1978, while thirty-day prevalence rose over the same time span from 68% to 72%. Since 1978, however, there has been very little change in these prevalence rates, although 30-day prevalence rates have tapered off slightly between 1980 and 1983 (from 72% to 69%). 2,3,4

- The proportion using more frequently showed similar trends. Use on 20 or more occasions in the preceding year rose from 32.3% in 1975 to 36.2% in 1978, and remained stable through 1981. Then there was a slight drop in these rates to 34.1% in 1983. 6

- The proportion reporting heavy party drinking (defined as drinking 5 or more drinks per occasion over the prior two-week interval) rose from 37% in 1975 to 41% in 1979, and has remained the same since then. 18

	Table(s)
• Daily use rose from 5.7% in 1975 to a high of 6.9% in 1979 and then dropped back to 5.5% in 1983.	10
• In sum, there is no evidence of any "displacement effect" in which alcohol use increases to take the place of marijuana, the use of which has been declining in recent years.	

Subgroup Differences in Trends

• The prevalence figures for males and females have been moving in parallel, as have those for the college and noncollege groups.	2,3,4
• There have been no significant departures from overall trends observed among the four regions. Alcohol prevalence has remained relatively stable in all of the regions since 1978.	2,3,4
• During the late seventies, lifetime, annual, and monthly prevalence rates were slightly above average in large urban areas and slightly below average in the least urban areas. During the eighties these differences have gradually disappeared. Rates of daily drinking or heavy drinking have not shown any important differences related to population density over the same time interval.	2,3,4 10,18

Use at Earlier Grade Levels

• Over half of all respondents (56%) have tried alcohol before reaching tenth grade—by far the highest figure for any of the drugs discussed in this volume. The modal (and median) grade of first use remains ninth grade, in which 25% first tried it.	7,9
• Each of the last nine graduating cohorts has shown a very similar pattern of onset with age, as Figure 2 illustrates.	7 Fig 2
• To the extent there has been any change, it is that there has been a slight upward trend in lifetime prevalence in grade levels eight, nine, and ten during the early seventies.	Fig 1
• Subgroup differences in early onset for the most part parallel the differences which exist by the end of the twelfth grade. For example, males are more likely than females to have tried alcohol at an early age (38% versus 25% by eighth grade). Also, the South has generally reported the lowest proportion of early initiation rates. Interestingly, the West has generally not had below-average prevalence rates for students prior to tenth grade, even though by twelfth grade it has shown below-average rates.	2,8,9
• Several of the subgroup differences in early initiation narrowed in the late seventies. The sex and regional differences for early onset were both smaller in the classes of 1978 or 1979 than they were in the class of 1975. This was	9

Table(s)

due largely to increases in early use by females and by students in the South and North Central regions of the country. Early initiation rates have for these groups remained mostly stable since 1979.

- An increase between 1975 and 1983 in early use among students from non-metropolitan areas (47% in 1975 vs. 58% in 1983), coupled with some downturn in early use by recent student classes from the large metropolitan areas, have resulted in a considerable narrowing of the differences associated with city size. 9

Probability of Future Use

- Over two-thirds of 1983 seniors (72%) expect to be using alcohol five years in the future. 6
- This proportion increased slightly (i.e., by 3%) between 1975 and 1980, but has remained unchanged since. 6
- The proportion expecting to use alcohol in the future far exceeds the proportion expecting to use the next most popular drug (marijuana—18%). This clearly reflects alcohol's continuing widespread acceptance. 6,2-6

Degree and Duration of Highs

- Of those who used alcohol in the prior year (nearly nine out of every ten seniors), most said they usually get "moderately high" (39%) or "a little high" (36%) when they drink. (In contrast to most of the other drugs, it seems likely that there is more variability from occasion to occasion with alcohol.) Only 7% said they usually get "very high." 11
- There has been virtually no change since 1976 in the degree of high usually experienced. 11
- There is also little evidence of any trend in the duration of the alcohol highs usually experienced by users, although there has been a slight drop in the proportion who say they usually don't get high at all. 11
- There exist some interesting subgroup differences on the measures of quantity consumed per occasion. Consistent with the subgroup differences reported previously on frequent drinking (particularly at the daily level), males on the average get higher and stay high longer than females. The non-college-bound users also tend to be slightly heavier drinkers, when they drink, than the college-bound. Drinkers in the Northeast and North Central, the two regions of the country which had the highest frequency of drinking levels, also report getting slightly higher and staying high slightly longer 10,12,14, 17,18

(on the average) than drinkers in the South. Regarding urbanicity, there is practically no association between the degree and duration of highs reported by alcohol users and the size of the community in which they live. Recall (from Table 10) that urbanicity bears little or no relationship to frequent drinking.

- Virtually all of these subgroup differences are paralleled in the data on instances of heavy drinking during the prior two-week interval. For example, heavy drinking occurs much more frequently among males and the noncollege-bound than among their counterparts. Also, such drinking is slightly more prevalent in the North Central and Northeast regions, than in the South & West. 17,18

TABLE 11-1

Alcohol: Prevalence (Ever Used) and Recency of Use by Subgroups, Class of 1983

(Entries are percentages)

	Number of Cases (Approx.)	Ever used	Past month	Past year, not past month	Not past year	Never used
All seniors	16300	92.6	69.4	17.9	5.3	7.4
Sex:						
Male	7800	93.5	74.4	14.5	4.6	6.5
Female	8000	91.6	64.3	21.2	6.1	8.4
College Plans:						
None or under 4 yrs	6300	93.3	70.5	17.0	5.8	6.7
Complete 4 yrs	8800	92.0	68.1	18.7	5.2	8.0
Region:						
Northeast	3900	95.4	74.4	17.2	3.8	4.6
North Central	4600	94.8	74.4	15.8	4.6	5.2
South	5200	90.5	64.3	19.2	7.0	9.5
West	2600	88.4	62.9	20.0	5.5	11.6
Population Density:						
Large SMSA	4200	94.0	69.2	19.3	5.5	6.0
Other SMSA	6800	91.9	69.8	17.1	5.0	8.1
Non-SMSA	5300	92.3	69.0	17.7	5.6	7.7

NOTE: See Appendix D for definition of variables in table.

TABLE 11-2

Alcohol: Trends in Lifetime Prevalence of Use by Subgroups

	Percent ever used									
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	'82-'83 change
All seniors	90.4	91.9	92.5	93.1	93.0	93.2	92.6	92.8	92.6	-0.2
Sex:										
Male	92.0	93.2	94.2	94.4	93.8	94.5	93.4	93.4	93.5	+0.1
Female	89.2	90.6	90.9	91.9	92.2	92.0	91.8	92.4	91.6	-0.8
College Plans:										
None or under 4 yrs	NA	92.4	93.0	93.2	93.3	93.5	92.9	93.7	93.3	-0.4
Complete 4 yrs	NA	91.4	92.2	93.0	92.7	93.1	92.7	92.4	92.0	-0.4
Region:										
Northeast	95.0	95.4	96.0	95.7	97.1	96.4	96.4	96.3	95.4	-0.9
North Central	92.0	93.5	94.5	95.0	93.9	95.0	94.4	95.1	94.8	-0.3
South	88.0	88.8	89.1	90.7	90.4	89.9	88.8	89.4	90.5	+1.1
West	85.0	89.3	89.2	89.9	90.0	91.4	90.6	89.1	88.4	-0.7
Population Density:										
Large SMSA	95.4	95.0	94.7	95.0	96.2	96.1	94.5	94.3	94.0	-0.3
Other SMSA	90.5	91.0	92.9	93.2	92.8	92.7	92.5	92.6	91.9	-0.7
Non-SMSA	87.2	90.6	90.2	91.3	90.6	91.5	91.3	91.9	92.3	+0.4

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 11-3

Alcohol: Trends in Annual Prevalence of Use by Subgroups

	Percent who used in last twelve months									
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	'82-'83 change
All seniors	84.8	85.7	87.0	87.7	88.1	87.9	87.0	86.8	87.3	+0.5
Sex:										
Male	88.1	88.3	90.0	90.0	89.7	89.6	88.9	88.5	88.9	+0.4
Female	82.1	83.2	84.3	85.7	86.5	86.2	85.1	85.3	85.5	+0.2
College Plans:										
None or under 4 yrs	NA	86.7	87.7	88.0	88.6	88.2	87.0	87.8	87.5	-0.3
Complete 4 yrs	NA	84.9	86.5	87.6	87.8	87.7	87.4	86.4	86.8	+0.4
Region:										
Northeast	91.9	91.6	92.8	92.5	94.8	93.1	93.8	92.3	91.6	-0.7
North Central	87.6	88.7	90.4	91.0	89.8	90.3	89.1	90.7	90.2	-0.5
South	79.9	80.2	81.0	83.2	83.3	82.2	80.7	80.7	83.5	+2.8
West	78.2	81.2	82.3	82.8	83.6	86.2	84.5	81.9	82.9	+1.0
Population Density:										
Large SMSA	91.7	90.4	90.4	90.7	92.6	92.3	90.5	89.4	88.5	-0.9
Other SMSA	85.1	84.7	87.6	87.8	88.0	87.2	86.5	86.7	86.9	+0.2
Non-SMSA	80.0	83.4	83.4	85.0	84.6	85.4	84.8	84.9	86.7	+1.8

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 11-4

Alcohol: Trends in Thirty-Day Prevalence of Use by Subgroups

	Percent who used in last thirty days									
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	'82-'83 change
All seniors	68.2	68.3	71.2	72.1	71.8	72.0	70.7	69.7	69.4	-0.3
Sex:										
Male	75.0	74.5	77.8	77.5	76.7	77.4	75.7	74.1	74.4	+0.3
Female	62.2	61.8	65.0	67.1	67.0	66.8	65.7	65.4	64.3	-1.1
College Plans:										
None or under 4 yrs	NA	69.9	72.8	72.7	72.2	73.5	72.1	71.6	70.5	-1.1
Complete 4 yrs	NA	66.5	69.4	71.6	71.4	70.8	70.0	68.6	68.1	-0.5
Region:										
Northeast	76.9	75.7	76.6	78.0	81.1	79.4	80.4	76.7	74.4	-2.3
North Central	71.1	73.2	76.4	77.2	73.9	75.1	73.6	75.0	74.4	-0.6
South	62.8	60.2	64.7	67.0	65.7	65.5	62.9	61.3	64.3	+3.0
West	60.0	62.2	64.4	63.1	65.5	67.6	65.3	63.8	62.9	-0.9
Population Density:										
Large SMSA	75.3	72.6	74.0	75.5	77.3	78.0	75.5	72.9	69.2	-3.7s
Other SMSA	68.5	67.0	72.0	72.7	72.0	70.8	69.1	69.3	69.8	+0.5
Non-SMSA	63.2	66.5	67.8	68.4	67.3	69.0	68.9	67.6	69.0	+1.4

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 11-5

Alcohol: Frequency of Use in the Last Year by Subgroups, Class of 1983

(Entries are percentages)

	Number of Cases (Approx.)	Number of occasions in last 12 months						
		None	1-2	3-5	6-9	10-19	20-39	40+
All seniors	16300	12.7	13.6	12.6	11.1	15.7	13.7	20.4
Sex:								
Male	7800	11.1	10.6	10.8	10.4	15.7	14.1	27.2
Female	8000	14.5	16.4	14.5	11.8	16.1	13.6	13.0
College Plans:								
None or under 4 yrs	6300	12.5	13.1	12.3	11.3	16.1	13.5	21.3
Complete 4 yrs	8800	13.2	13.9	13.0	11.1	15.8	14.1	18.9
Region:								
Northeast	3900	8.4	11.6	13.2	11.9	17.1	14.7	23.1
North Central	4600	9.8	11.7	12.3	10.9	16.8	15.4	23.0
South	5200	16.5	16.3	12.4	10.6	13.9	11.9	18.4
West	2600	17.1	14.6	12.9	11.5	15.3	12.9	15.8
Population Density:								
Large SMSA	4200	11.5	13.4	13.2	11.7	16.5	14.1	19.7
Other SMSA	6800	13.1	13.6	12.5	11.1	15.5	13.5	20.8
Non-SMSA	5300	13.3	13.8	12.3	10.8	15.5	13.8	20.6

NOTE: See Appendix D for definition of variables in table.

TABLE 11-6

Alcohol: Trends in Frequency of Use for Lifetime, Last Year, and Last Thirty Days and in Probability of Future Use

(Entries are percentages)

	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983
Lifetime use									
No occasions	9.6	8.1	7.5	6.9	7.0	6.8	7.4	7.2	7.4
1-2 occasions	7.6	8.0	7.1	7.0	6.3	6.9	6.8	6.7	6.3
3-5 occasions	8.8	8.3	8.2	7.4	7.6	7.3	7.7	8.1	8.4
6-9 occasions	8.3	8.5	8.3	8.1	7.4	7.8	7.4	7.7	7.7
10-19 occasions	12.6	11.9	12.0	12.1	12.1	12.4	11.5	12.5	11.9
20-39 occasions	13.6	13.5	13.7	13.2	13.4	13.2	13.5	13.8	13.9
40 or more	39.6	41.7	43.2	45.2	46.1	45.6	45.7	43.9	44.3
N =	(9796)	(15385)	(17116)	(17615)	(15635)	(15472)	(17131)	(17192)	(16005)
Use in last twelve months									
No occasions	15.2	14.3	13.0	12.3	11.9	12.1	13.0	13.2	12.7
1-2 occasions	12.8	13.3	12.9	12.3	12.3	12.5	12.6	13.0	13.6
3-5 occasions	12.5	12.3	11.6	11.4	11.4	11.4	11.8	12.1	12.6
6-9 occasions	11.5	11.1	11.7	11.6	11.2	11.2	10.5	11.5	11.1
10-19 occasions	15.7	16.5	16.0	16.3	15.9	15.7	15.6	15.8	15.7
20-39 occasions	13.0	12.6	13.2	14.7	13.9	14.3	13.9	14.0	13.7
40 or more	19.3	19.9	21.6	21.5	23.3	22.8	22.5	20.4	20.4
N =	(9738)	(15345)	(17047)	(17547)	(15564)	(15412)	(17055)	(17101)	(15943)
Use in last thirty days									
No occasions	31.8	31.7	28.8	27.9	28.2	28.0	29.3	30.3	30.6
1-2 occasions	22.1	22.0	22.2	21.8	21.6	21.9	21.9	22.6	23.0
3-5 occasions	17.5	18.4	18.3	18.9	17.9	18.6	18.4	18.4	18.1
6-9 occasions	12.8	12.6	13.4	14.4	14.6	14.3	13.6	13.3	12.8
10-19 occasions	10.1	9.6	11.2	11.4	10.8	11.0	10.7	9.7	10.0
20-39 occasions	3.5	3.3	3.5	3.5	4.1	3.6	3.4	3.4	3.1
40 or more	2.2	2.3	2.6	2.3	2.8	2.4	2.6	2.4	2.4
N =	(9737)	(15377)	(17087)	(17601)	(15584)	(15437)	(17051)	(17171)	(15980)
Probability of future use									
Definitely will not	17.0	18.1	13.9	13.8	13.8	13.2	14.5	15.0	14.6
Probably will not	14.7	15.7	16.7	15.3	15.4	15.2	14.0	13.5	13.8
Probably will	54.4	53.3	54.8	55.8	55.6	55.3	55.7	55.1	54.7
Definitely will	13.9	12.9	14.6	15.0	15.1	16.3	15.8	16.4	17.0
N =	(3078)	(3263)	(3623)	(3732)	(3306)	(3265)	(3578)	(3626)	(3380)

TABLE 11-7

Alcohol: Trends in Grade in Which First Used

	Percent reporting first use in each grade								
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983
Sixth grade (or below)	9.8	7.5	7.8	9.1	8.1	8.0	9.0	9.4	9.6
Seventh or Eighth grade	17.5	21.5	21.1	22.5	22.5	22.2	23.2	21.4	21.8
Ninth grade	23.1	23.0	24.1	24.1	24.9	24.8	24.1	24.9	24.9
Tenth grade	18.4	19.7	18.4	18.2	18.5	19.3	18.8	18.0	18.5
Eleventh grade	15.5	13.0	13.9	12.9	12.6	11.9	11.8	12.9	12.1
Twelfth grade	6.2	7.3	7.1	6.2	6.4	7.0	5.7	6.1	5.7
Never used	9.6	8.1	7.5	6.9	7.0	6.8	7.4	7.2	7.4
N^a =	(3037)	(2776)	(5792)	(5928)	(5360)	(5260)	(5900)	(5993)	(5551)

---

[a] This question was asked in one form only in 1975 and 1976 and in two forms in all subsequent years.

TABLE 11-8

Alcohol: Grade in Which First Used by Subgroups, Class of 1983

(Entries are percentages)

		Grade in school						
	Number of Cases (Approx.)	6 or below	7/8	9	10	11	12	Never used
All seniors	5800	9.6	21.8	24.9	18.5	12.1	5.7	7.4
Sex:								
Male	2800	12.4	25.8	24.3	16.3	10.5	4.2	6.5
Female	2900	6.9	18.1	25.5	20.5	13.7	7.0	8.4
College Plans:								
None or under 4 yrs	2100	10.2	23.5	26.6	16.9	10.9	5.3	6.7
Complete 4 yrs	3400	8.9	20.6	23.4	19.8	13.1	6.3	8.0
Region:								
Northeast	1300	9.0	23.5	27.5	17.2	13.3	4.8	4.6
North Central	1500	11.2	24.9	26.1	18.8	9.9	3.9	5.2
South	1900	8.3	17.5	24.3	19.7	13.3	7.4	9.5
West	1100	9.3	22.5	19.9	17.8	11.7	7.2	11.6
Population Density:								
Large SMSA	1700	10.2	23.1	24.3	18.1	11.6	6.8	6.0
Other SMSA	2500	9.2	20.7	23.9	20.4	12.0	5.6	8.1
Non-SMSA	1500	9.5	22.2	26.5	16.6	12.5	5.0	7.7

NOTE: See Appendix D for definition of variables in table.

TABLE 11-9

Alcohol: Trends in Use Prior to Tenth Grade by Subgroups

	Percent reporting first use prior to tenth grade[a]									
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	'82-'83 change
All seniors	50.4	52.0	53.0	55.7	55.5	55.0	56.3	55.7	56.3	+0.6
Sex:										
Male	59.0	58.5	59.1	61.8	60.5	60.7	59.7	59.7	62.5	+2.8
Female	42.2	45.2	47.1	49.8	50.9	49.9	52.7	52.0	50.5	-1.5
College Plans:										
None or under 4 yrs	NA	52.3	55.8	57.4	57.0	55.0	58.4	57.5	60.3	+2.8
Complete 4 yrs	NA	50.8	49.1	53.7	54.0	54.6	54.7	53.8	52.9	-0.9
Region:										
Northeast	60.8	60.1	59.2	62.8	63.2	60.2	61.7	59.1	60.0	+0.9
North Central	50.7	54.7	56.1	57.6	57.9	58.8	58.0	58.5	62.2	+3.7
South	40.8	41.5	44.5	49.2	47.4	46.1	48.5	49.5	50.1	+0.6
West	54.9	53.6	54.0	56.0	54.8	56.8	59.5	56.8	51.7	-5.1
Population Density:										
Large SMSA	57.1	57.0	58.8	59.6	62.7	63.8	60.9	57.9	57.6	-0.3
Other SMSA	49.8	50.2	50.4	55.2	55.6	53.0	55.4	54.4	53.8	-0.6
Non-SMSA	46.9	50.0	51.7	53.3	49.7	51.2	54.0	55.7	58.2	+2.5

NOTES: Level of significance of difference between the two most recent classes:
s = 05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C.

See Appendix D for definition of variables in table.

NA indicates data not available.

[a] This question was asked in one form only in 1975 and 1976 and in two forms in all subsequent years.

TABLE 11-10

Alcohol: Trends in Thirty-Day Prevalence of Daily Use by Subgroups

	Percent who used daily in last thirty days									
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class oof 1980	Class of 1981	Class of 1982	Class of 1983	'82-'83 change
All seniors	5.7	5.6	6.1	5.7	6.9	6.0	6.0	5.7	5.5	-0.2
Sex:										
Male	8.6	8.1	8.6	8.3	9.6	8.6	8.4	7.7	7.7	0.0
Female	3.0	2.7	3.6	3.2	4.0	3.5	3.4	3.4	2.8	-0.6
College Plans:										
None or under 4 yrs	NA	7.3	8.0	7.3	9.0	8.0	7.7	7.5	6.7	-0.8
Complete 4 yrs	NA	3.5	4.0	4.1	5.0	4.4	4.6	4.1	4.0	-0.1
Region:										
Northeast	6.1	6.3	6.5	6.2	8.8	7.4	7.5	6.2	5.9	-0.3
North Central	6.6	6.9	6.7	7.0	6.8	6.7	6.6	7.6	6.2	-1.4
South	5.1	4.6	5.9	5.0	7.2	5.2	5.2	4.9	5.4	-0.5
West	4.5	3.8	4.3	3.8	3.8	4.5	4.3	2.8	3.6	+0.8
Population Density:										
Large SMSA	6.1	5.4	5.9	6.2	7.0	7.1	6.5	6.3	4.6	-1.7s
Other SMSA	5.4	5.3	5.8	5.5	6.1	5.4	5.3	5.1	5.7	+0.6
Non-SMSA	5.9	6.1	6.5	5.7	7.9	6.1	6.6	6.1	5.9	-0.2

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 11-11

Alcohol: Trends in Degree and Duration of Feeling High

Q. *When you drink alcoholic beverages how high do you usually get?*[a]		Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983
PERCENT OF RECENT USERS:										
Not at all high		23.6	21.6	20.6	19.1	19.6	20.7	18.9	18.9	18.8
A little high		33.8	32.3	32.8	33.9	33.6	32.6	33.8	32.6	35.8
Moderately high		35.9	38.0	39.6	39.9	38.7	39.7	41.4	40.9	38.8
Very high		6.6	8.1	7.0	7.1	8.1	7.0	5.8	7.5	6.7
	N =	(2419)	(2608)	(3001)	(3124)	(2764)	(2709)	(2912)	(2958)	(2808)
PERCENT OF ALL RESPONDENTS:										
No use in last 12 months		15.2	14.3	13.0	12.3	12.5	13.2	14.7	14.1	14.1
Not at all high		20.0	18.5	17.9	16.8	17.2	18.0	16.2	16.2	16.2
A little high		28.7	27.7	28.5	29.7	29.4	28.3	28.9	28.0	30.7
Moderately high		30.4	32.6	34.5	35.0	33.8	34.4	35.3	35.2	33.3
Very high		5.6	6.9	6.1	6.2	7.1	6.1	5.0	6.5	5.7
	N =	(2853)	(3043)	(3449)	(3562)	(3159)	(3122)	(3413)	(3443)	(3268)
Q. *When you drink alcoholic beverages how long do you usually stay high?*[a]										
PERCENT OF RECENT USERS:										
Usually don't get high		25.7	24.6	22.6	21.3	21.7	22.7	20.9	20.5	21.4
One to two hours		40.5	38.5	38.8	39.8	41.9	39.5	40.3	41.3	40.8
Three to six hours		30.1	33.8	34.8	35.7	32.7	33.8	35.6	34.4	33.7
Seven to 24 hours		3.4	3.0	3.5	3.1	3.4	3.8	3.1	3.4	3.9
More than 24 hours		0.2	0.2	0.3	0.1	0.2	0.2	0.1	0.4	0.3
	N =	(2403)	(2597)	(2965)	(3098)	(2746)	(2697)	(2892)	(2947)	(2792)
PERCENT OF ALL RESPONDENTS:										
No use in last 12 months		15.2	14.3	13.0	12.3	12.6	13.3	14.8	14.1	14.1
Usually don't get high		21.8	21.1	19.7	18.7	19.0	19.7	17.8	17.6	18.3
One to two hours		34.3	33.0	33.8	34.9	36.6	34.2	34.3	35.5	35.0
Three to six hours		25.5	29.0	30.3	31.3	28.6	29.3	30.4	29.6	28.9
Seven to 24 hours		2.9	2.6	3.0	2.7	3.0	3.3	2.7	2.9	3.3
More than 24 hours		0.2	0.2	0.3	0.1	0.2	0.2	0.1	0.3	0.2
	N =	(2834)	(3030)	(3408)	(3532)	(3142)	(3109)	(3393)	(3431)	(3252)

---

[a] These questions appear in just one form. They are asked only of respondents who report use of the drug in the prior twelve months (i.e., "recent users").

BEST COPY AVAILABLE

TABLE 11-12

Alcohol: Degree of Feeling High, Class of 1983

Q. When you drink alcoholic beverages how high do you usually get?	Number of cases	Percent of recent users[a] saying:			
		Not at all	A little	Moder-ately	Very
All seniors	2808	18.8	35.8	38.8	6.7
Sex:					
Male	1349	15.7	34.1	42.7	7.5
Female	1328	22.6	38.5	34.1	4.8
College Plans:					
None or under 4 yrs	1014	16.9	38.0	38.5	6.6
Complete 4 yrs	1460	21.7	33.9	39.0	5.4
Region:					
Northeast	695	15.6	35.7	42.0	6.7
North Central	821	17.5	34.6	40.0	7.9
South	871	22.0	39.7	33.1	5.1
West	420	19.9	30.0	42.7	7.5
Population Density:					
Large SMSA	714	19.0	35.5	38.1	7.5
Other SMSA	1167	19.3	36.2	38.5	6.0
Non-SMSA	927	18.0	35.4	39.7	6.9

NOTE: See Appendix D for definition of variables.

[a] This question is asked in one form only; figures are based on all respondents who report use of the drug in the prior twelve months.

TABLE 11-13

Alcohol: Degree of Feeling High, Class of 1983

Q. When you drink alcoholic beverages how high do you usually get?	Number of cases	Percent of all respondents[a] saying: Did not use in last 12 months	Not at all	A little	Moder-ately	Very
All seniors	3268	14.1	16.2	30.7	33.3	5.7
Sex:						
Male	1537	12.2	13.8	29.9	37.5	6.6
Female	1583	16.1	19.0	32.3	28.6	4.0
College Plans:						
None or under 4 yrs	1187	14.6	14.4	32.5	32.9	5.7
Complete 4 yrs	1719	15.1	18.4	28.8	33.1	4.6
Region:						
Northeast	773	10.1	14.1	32.1	37.7	6.0
North Central	928	11.5	15.5	30.6	35.4	7.0
South	1055	17.4	18.2	32.8	27.4	4.2
West	511	17.8	16.3	24.6	35.1	6.2
Population Density:						
Large SMSA	829	13.9	16.4	30.5	32.8	6.5
Other SMSA	1358	14.1	16.6	31.1	33.1	5.1
Non-SMSA	1081	14.2	15.4	30.4	34.0	6.0

NOTE: See Appendix D for definition of variables.

[a] This question is asked in one form only; figures are based on all respondents, whether or not they use the drug.

TABLE 11-14

Alcohol: Duration of Feeling High, Class of 1983

		Percent of recent users[a] saying:				
Q. When you drink alcoholic beverages how long do you usually stay high?	Number of cases	Usually don't get high	1-2 hours	3-6 hours	7-24 hours	More than 24 hours
All seniors	2792	21.4	40.8	33.7	3.9	0.3
Sex:						
Male	1348	17.9	40.0	38.0	3.9	0.2
Female	1314	25.8	42.6	28.3	3.2	0.1
College Plans:						
None or under 4 yrs	1011	18.5	42.0	35.2	4.0	0.3
Complete 4 yrs	1447	24.3	40.9	31.8	2.8	0.2
Region:						
Northeast	690	19.2	40.7	34.9	4.9	0.3
North Central	822	18.4	39.0	37.2	5.2	0.3
South	866	25.8	44.2	27.4	2.5	0.2
West	414	21.6	37.5	37.9	2.6	0.5
Population Density:						
Large SMSA	712	21.5	40.3	33.4	4.6	0.2
Other SMSA	1160	22.5	40.4	32.8	4.2	0.1
Non-SMSA	921	19.8	41.8	34.9	3.0	0.6

NOTE: See Appendix D for definition of variables.

[a] This question is asked in one form only; figures are based on all respondents who report use of the drug in the prior twelve months.

TABLE 11-15

Alcohol: Duration of Feeling High, Class of 1983

		Percent of all respondents[a] saying:					
Q. When you drink alcoholic beverages how long do you usually stay high?	Number of cases	Did not use in last 12 months	Usually don't get high	1-2 hours	3-6 hours	7-24 hours	More than 24 hours
All seniors	3252	14.1	18.3	35.0	28.9	3.3	0.2
Sex:							
Male	1536	12.2	15.7	35.1	33.3	3.4	0.2
Female	1569	16.2	21.6	35.7	23.7	2.7	0.1
College Plans:							
None or under 4 yrs	1185	14.7	15.8	35.8	30.0	3.4	0.2
Complete 4 yrs	1706	15.2	20.6	34.7	27.0	2.3	0.2
Region:							
Northeast	768	10.2	17.3	36.6	31.4	4.4	0.3
North Central	929	11.5	16.3	34.5	32.9	4.6	0.2
South	1050	17.5	21.3	36.5	22.6	2.0	0.1
West	505	18.0	17.7	30.7	31.0	2.1	0.4
Population Density:							
Large SMSA	827	13.9	18.5	34.7	28.8	4.0	0.2
Other SMSA	1351	14.1	19.4	34.7	28.2	3.6	0.1
Non-SMSA	1075	14.3	16.9	35.8	29.9	2.5	0.5

NOTE: See Appendix D for definition of variables.

[a] This question is asked in one form only; figures are based on all respondents, whether or not they use the drug.

TABLE 11-16

Alcohol: Trends in Two-Week Frequency of Heavy Drinking

(Entries are percentages)

Q. Think back over the LAST TWO WEEKS. How many times have you had five or more drinks in a row?	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983
None	63.2	62.9	60.6	59.7	58.8	58.8	58.6	59.5	59.2
Once	11.4	11.4	11.7	12.5	12.1	12.2	12.1	12.5	12.5
Twice	9.6	10.0	9.8	10.2	10.2	10.5	10.5	10.4	10.2
Three to five times	9.9	10.5	11.4	12.0	12.4	12.1	12.5	12.0	12.4
Six to nine times	3.6	3.1	4.0	3.3	3.9	3.8	4.0	3.3	3.5
Ten or more times	2.3	2.1	2.5	2.2	2.6	2.5	2.2	2.3	2.2
N =	(9804)	(15068)	(16840)	(17274)	(15480)	(15356)	(16975)	(16981)	(15834)

TABLE 11-17

Alcohol: Two-Week Frequency of Heavy Drinking by Subgroups, Class of 1983

(Entries are percentages)

	Number of cases (Approx.)	Number of occasions respondent had 5 or more drinks					
		None	Once	Twice	3-5 times	6-9 times	10+ times
All seniors	16300	59.2	12.5	10.2	12.4	3.5	2.2
Sex:							
Male	7800	49.6	13.2	12.5	16.5	4.9	3.3
Female	8000	69.0	12.0	7.8	8.2	1.9	1.0
College Plans:							
None or under 4 yrs	6300	55.1	12.7	10.9	13.8	4.5	3.1
Complete 4 yrs	8800	62.8	12.6	9.5	11.1	2.6	1.4
Region:							
Northeast	3900	57.8	12.2	10.9	13.2	3.5	2.4
North Central	4600	52.8	13.3	11.5	15.6	4.2	2.5
South	5200	62.4	12.3	9.3	10.3	3.6	2.1
West	2600	66.7	11.8	8.5	9.5	2.1	1.3
Population Density:							
Large SMSA	4200	61.2	12.4	10.0	11.6	3.2	1.6
Other SMSA	6800	59.0	12.1	10.4	12.6	3.5	2.3
Non-SMSA	5300	58.0	13.0	10.1	12.6	3.8	2.4

NOTE: See Appendix D for definition of variables.

TABLE 11-18

Alcohol: Trends in Two-Week Prevalence of Heavy Drinking by Subgroups

	Percent reporting 5+ drinks on one or more occasions									
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	'82-'83 change
All seniors	36.8	37.1	39.4	40.3	41.2	41.2	41.4	40.5	40.8	+0.3
Sex:										
Male	49.0	47.9	50.0	51.4	51.9	52.1	51.6	49.8	50.4	+0.6
Female	26.4	25.9	29.3	29.6	30.9	30.5	30.8	31.1	31.0	-0.1
College Plans:										
None or under 4 yrs	NA	41.8	44.7	44.3	44.5	46.3	46.7	45.7	44.9	-0.8
Complete 4 yrs	NA	31.5	33.9	35.9	37.7	36.9	37.4	36.5	37.2	+0.7
Region:										
Northeast	43.0	40.8	40.0	43.5	47.4	48.0	49.3	43.3	42.2	-1.1
North Central	40.6	42.8	44.5	45.3	44.8	45.4	44.9	47.9	47.2	-0.7
South	32.1	30.8	36.3	36.4	36.7	34.4	34.7	34.6	37.6	+3.0
West	29.0	32.8	34.2	33.3	34.0	36.0	35.6	32.5	33.3	+0.8
Population Density:										
Large SMSA	37.9	37.0	38.1	39.5	42.2	44.8	43.4	40.9	38.8	-2.1
Other SMSA	36.1	36.8	39.5	40.1	40.8	38.9	39.5	39.7	41.0	+1.3
Non-SMSA	36.9	38.0	40.5	41.3	40.9	41.4	42.2	41.3	42.0	+0.7

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C.

See Appendix D for definition of variables in table.

NA indicates data not available.

FIGURE 11-1

Alcohol: Trends in Lifetime Prevalence for Earlier Grade Levels
Based on Retrospective Reports from Seniors

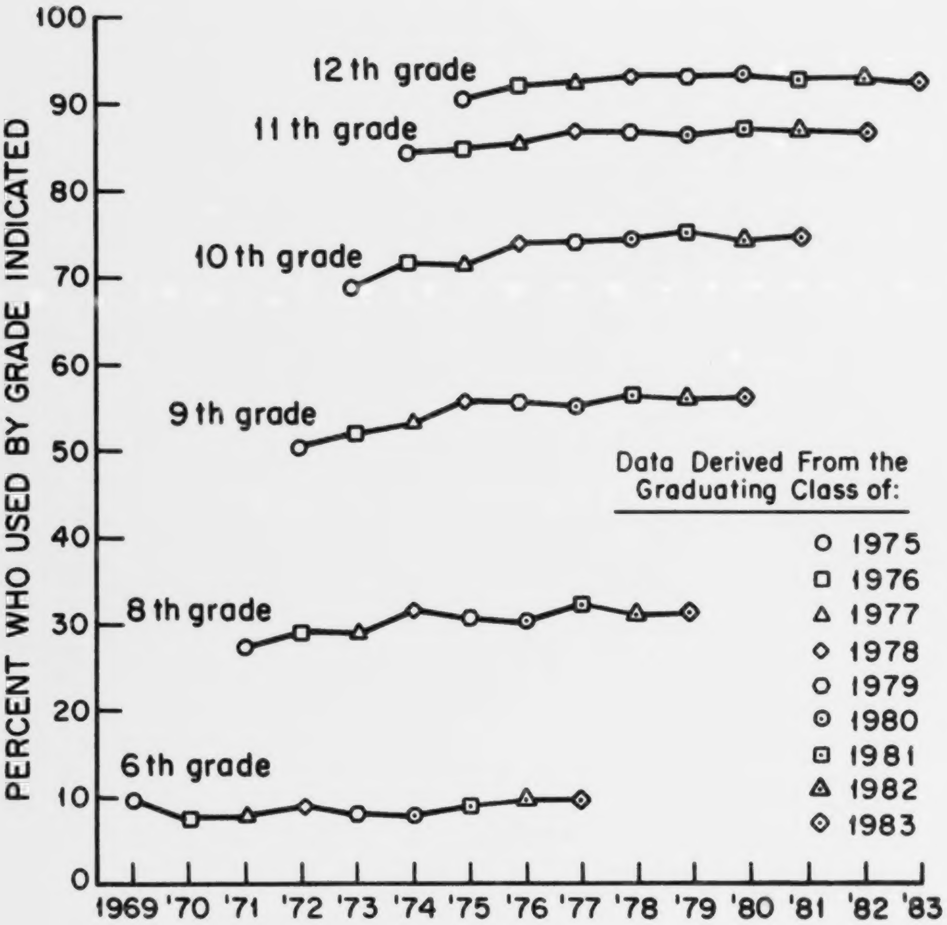
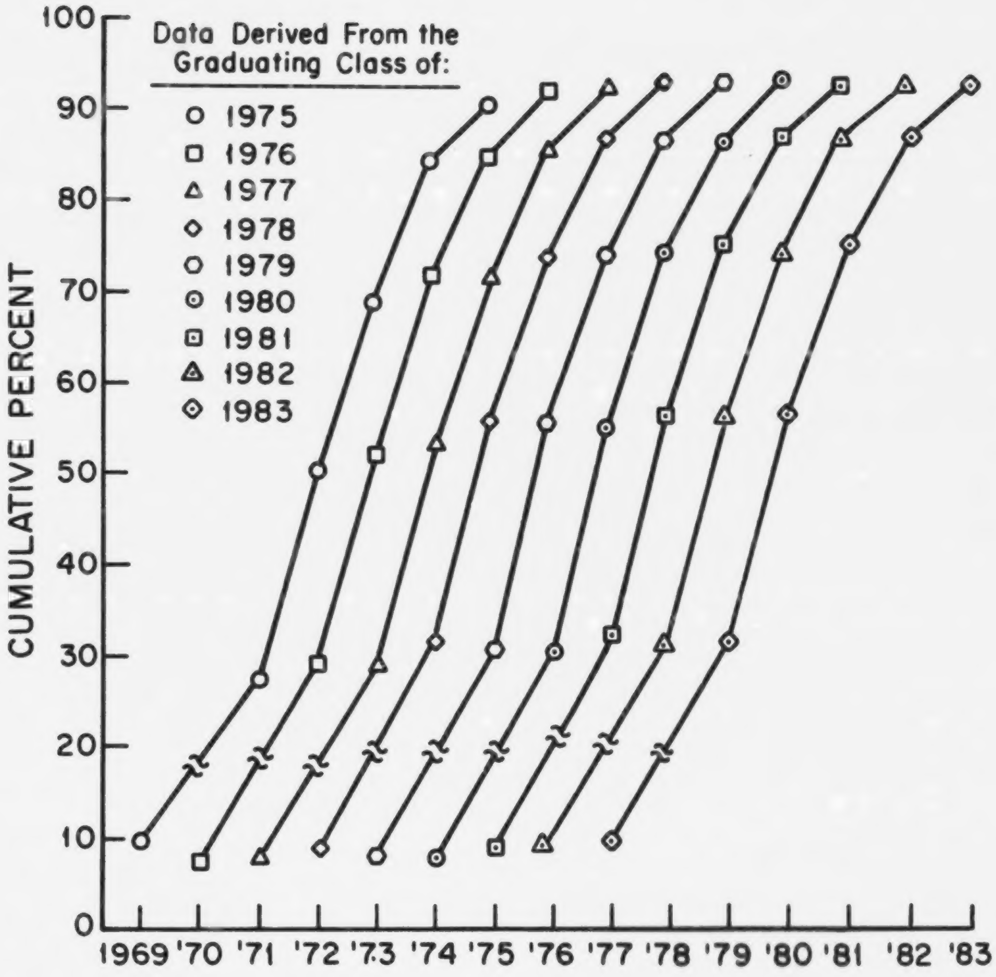


FIGURE 11-2

Alcohol: Cumulative Lifetime Prevalence for Each Graduating Class by Grade Level



NOTE: Each ascending curve represents the cumulative lifetime prevalence for a single graduating class, with the six sequential points demarcating (from left to right) the following grade levels: 6th, 8th, 9th, 10th, 11th, and 12th.

Chapter 12

CIGARETTES

Because cigarette smokers tend to have more regularized patterns of use than users of other drugs (due to the highly dependence-producing properties of cigarettes) and because the number of occasions of use tends to be so high for regular users, a somewhat different set of questions was developed for measuring cigarette smoking than was used for the other drugs. Therefore, several of the data tables in this chapter are unique in their structure and do not correspond exactly to comparably numbered tables in other chapters.

One cautionary note regarding the data on lifetime prevalence of cigarette use: the wording of the question may have caused some people who had smoked a few cigarettes, but who never considered themselves "smokers" to have answered "never" when asked "Have you ever smoked cigarettes?" (See Appendix D for the full set of answers.) In other words, some respondents may have interpreted the question to mean "Have you ever smoked cigarettes regularly?" If this is so, lifetime prevalence may be somewhat understated, but the remaining figures on regular use should be unaffected.

Prevalence of Use in 1983 — Table(s)

Total Sample

- About 71% of all seniors indicate that they have smoked cigarettes at some time in their lives, and this may be an underestimate for the reasons noted above. However, nearly half of those (30% of the sample) report doing so only once or twice. 1,2,7
- One-sixth of the sample (17%) describe themselves as smoking "regularly now," although on a separate question about 21% indicate smoking one or more cigarettes per day in the most recent month. 1,4
- Another 7.2% say they smoked "regularly in the past," but do not now. 1
- The proportion smoking half-a-pack per day or more in the last month is 13.8%, or about one out of every seven seniors. Of these, the great majority report smoking either "about a half-a-pack a day" (6.4%) or "about a pack a day" (5.8%). Only 1.5% report smoking one-and-a-half packs or more per day. 5,6

Subgroup Differences

- About the same proportion of all subgroups (around 71%) have at least tried smoking, with two exceptions. Fewer of the college-bound (66%) or those in the West (64%) have ever smoked. However, these differences pale in comparison with 1

Table(s)

the much greater differences in rates for current regular smoking related to college plans and region of the country.

- College Plans. Smoking is very strongly related to college plans. The proportion of the noncollege-bound who currently smoke half-a-pack or more daily is almost three times as great as the proportion of the college-bound who do so (20.9% vs. 7.6%). 1,2,3,5

- Region of the Country. There are also very large regional differences in regular smoking. Daily rates of half-a-pack a day (or more) are well over twice as high in the Northeast (16.6%), and North Central (17.1%) as in the West (6.4%). The South also has a below average rate of use at 12.4%. (These regional differences have been replicated in all nine senior classes). 1,2,3,5

- Sex Differences. For the class of 1983 there is practically no difference in the proportion of males and females who smoke a half-a-pack of cigarettes or more per day (13.1% vs. 13.6% respectively in the last 30 days), although somewhat more females say they are occasional but not regular smokers (18% vs. 15% for males), and more females identify themselves as current regular smokers (18% vs. 15% for males). 1,2,3,5

- Population Density. The use of cigarettes—particularly current, regular use—is not very different for the three urbanicity levels examined. 1,2,3,5

Recent Trends in Prevalence

Total Sample

- Some extremely important changes in smoking have occurred in the interval 1975 to 1983 among young people. The graduating classes of 1976 and 1977 displayed the peak levels of lifetime, thirty-day, and daily prevalence. (Annual prevalence is not asked.) Cigarette use then declined steadily between 1977 & 1981. Thirty-day prevalence rates dropped from 38% in the class of 1977 to 29% in the class of 1981. More importantly, daily cigarette use dropped over the same interval from 29% to 20%, and daily use of half-a-pack a day or more fell from 19.4% to 13.5% between 1977 and 1981 (nearly a one-third decrease). However, this downward trend halted in 1981, with prevalence rates remaining relatively unchanged since. (Thirty-day, daily, and daily use of a half-a-pack a day or more stood at 30%, 21%, and 13.8%, respectively, in 1983.) 2,3,4,5

Subgroup Differences in Trends

- Sex differences in smoking have shown three distinct patterns. Between 1975 and 1977, females increased their current smoking rates, and essentially closed the gap which 2,3,5

Table(s)

had existed. Between 1977 and 1981, there were sharp decreases for both males and females; but these decreases were slightly sharper for males, resulting in slightly lower rates of smoking among males. Since then, there have been no significant changes.

- There are no significant departures from overall trends in the college and noncollege-bound groups. 2,3,5
- The same is true for the three different categories of community size. 2,3,5
- Generally, all regions have shown decreases in smoking rates, down from peaks in 1976 or 1977. The changes were most pronounced between 1977 and 1981, with less systematic changes since then. Regional variations in trends are not great, nor are they consistent across the various measures. 2,3,5

Use at Earlier Grade Levels

- Of the 24% of seniors who ever smoked on a regular daily basis, nearly two-thirds first did so in ninth grade or earlier. Less than 2% of the sample became regular smokers in their senior year. Clearly, for most regular smokers in these recent cohorts, serious smoking began at an early age. 8
- A comparison of the last nine classes indicates that use at lower grade levels was increasing for each succeeding class until the class of 1979, at which time a reversal in this trend began. Early initiation rates fell steadily for three years until 1981, at which time they stabilized at about 15%. 10, Fig 1
- Figure 1 presents the lifetime prevalence curves for cigarette smoking on a daily basis. It shows that initiation to daily smoking was beginning to peak at the lower grade levels in the first half of the 1970's, then decreased dramatically until 1981, at which time this peaking did not become apparent among high school seniors until later in the 70's. In essence, these changes reflect in part cohort effects—changes which show up consistently across the age band for certain class cohorts. Because of the highly addictive nature of nicotine, this is a type of drug-using behavior in which one would expect to observe enduring differences between cohorts if any are observed at a formative age. Fig 1
- Regarding subgroup differences in the class of 1983, early use was somewhat higher for females than males, but it was dramatically higher for the noncollege-bound (21% prior to tenth grade) vs. the college-bound (10%). Early smoking also remains unusually low in the West (11%), and unusually high in the Northeast (19%). 9,10
- The overall trends in early smoking also pertain for just about all subgroups. 10

Probability of Future Use — Table(s)

- Practically no current smokers are resigned to the notion that their habits will continue, since only 1.4% of the sample say they will "definitely" be smoking five years in the future. This unrealistically low proportion, which has remained virtually unchanged since 1975, bears sad witness to the fact that many young smokers do not fully recognize the addicting nature of cigarette smoking. 7

- By 1980, considerably more seniors said they "definitely would not" be smoking five years in the future than in 1975 (60% vs. 41%). Since 1980 this statistic has remained stable. 7

- Approximately 12% of the respondents say they "probably" will be smoking five years hence. This projection has declined very substantially, however, since 1975 when more than twice as many (27%) gave the same answer. In fact, it is interesting to note that the decline in intentions to smoke decreased continuously between 1975 and 1980, even though the actual decrease in use followed this attitudinal shift by at least two years (as cigarette use didn't begin dropping until 1978). However, the trend towards decreasing proportions anticipating smoking five years in the future stabilized in 1980, at the same time prevalence rates stabilized. 7

  Because changes in cigarette smoking seem to be due primarily to changes in initiation rates by sequential class cohorts—changes which begin in the early teens—the fact that attitudinal changes preceded behavioral changes among seniors may be explainable in the following way: Secular changes in attitudes about smoking were occurring among all ages, including seniors, up through 1980. Those attitudinal changes led to a reduction in the onset rates in earlier grade levels, but these changes did not show up among seniors until those younger cohorts became seniors a few years later.

TABLE 12-1

Cigarette Use by Subgroups, Class of 1983

(Entries are percentages)

	Number of cases (Approx.)	Never	Once or twice	Occasionally but not regularly	Regularly in the past	Regularly now
All seniors	16300	29.4	30.1	16.3	7.2	17.0
Sex:						
Male	7800	31.0	32.7	14.9	6.6	14.8
Female	8000	28.4	27.8	17.7	7.9	18.3
College Plans:						
None or under 4 yrs	6300	24.0	27.4	16.0	8.4	24.2
Complete 4 yrs	8800	34.2	32.6	16.3	6.2	10.7
Region:						
Northeast	3900	27.1	27.5	16.5	7.7	21.1
North Central	4600	25.7	29.4	17.4	7.6	19.8
South	5200	30.8	31.2	16.2	6.8	15.0
West	2600	36.4	33.0	14.4	6.6	9.7
Population Density:						
Large SMSA	4200	29.0	30.1	15.7	7.4	17.9
Other SMSA	6800	30.7	30.6	15.2	7.2	16.4
Non-SMSA	5300	28.0	29.5	18.2	7.2	17.1

NOTE: See Appendix D for definition of variables in table.

TABLE 12-2

Cigarettes: Trends in Lifetime Prevalence of Use by Subgroups

	Percent ever used									
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	'82-'83 change
All seniors	73.6	75.4	75.7	75.3	74.0	71.0	71.0	70.1	70.6	+0.5
Sex:										
Male	75.7	75.6	76.5	74.4	72.7	70.0	68.6	67.8	69.0	+1.2
Female	71.7	74.8	74.8	75.6	74.9	71.7	73.3	72.0	71.6	-0.4
College Plans:										
None or under 4 yrs	NA	80.8	81.0	80.3	80.1	77.1	77.0	75.9	76.0	+0.1
Complete 4 yrs	NA	69.1	70.0	69.3	68.1	65.6	66.6	64.7	65.8	+1.1
Region:										
Northeast	74.7	78.2	76.5	76.3	75.7	71.7	70.8	71.2	72.9	+1.7
North Central	75.5	76.3	77.8	76.8	76.0	73.6	73.8	74.1	74.3	+0.2
South	72.9	75.6	75.4	75.9	74.5	71.6	71.0	68.1	69.2	+1.1
West	69.6	68.8	70.7	68.7	66.9	64.2	66.1	64.1	63.6	-0.5
Population Density:										
Large SMSA	74.7	75.5	76.8	74.9	72.7	71.8	71.4	70.2	71.0	+0.8
Other SMSA	71.5	73.8	73.8	74.4	73.3	69.6	69.1	68.4	69.3	+0.9
Non-SMSA	75.4	77.2	77.3	76.8	75.9	72.2	73.1	72.1	72.0	-0.1

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 12-3

Cigarettes: Trends in Thirty-Day Prevalence of Use by Subgroups

	Percent who used in last thirty days									
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	'82-'83 change
All seniors	36.7	38.8	38.4	36.7	34.4	30.5	29.4	30.0	30.3	+0.3
Sex:										
Male	37.2	37.7	36.6	34.5	31.2	26.8	26.5	26.8	28.0	+1.2
Female	35.9	39.1	39.6	38.1	37.1	33.4	31.6	32.6	31.6	-1.0
College Plans:										
None or under 4 yrs	NA	46.3	46.2	44.6	43.0	39.6	38.1	38.7	38.0	-0.7
Complete 4 yrs	NA	29.8	29.4	27.4	26.0	22.3	22.3	22.1	23.3	+1.2
Region:										
Northeast	40.1	41.8	43.0	40.6	37.0	34.1	31.5	32.1	34.6	+2.5
North Central	39.5	41.3	40.5	39.0	36.6	31.5	32.4	33.5	33.2	-0.3
South	36.2	39.1	37.6	35.7	35.4	31.8	28.9	29.4	28.7	-0.7
West	26.3	28.3	27.7	27.3	24.8	21.2	21.8	20.4	21.8	+1.4
Population Density:										
Large SMSA	39.7	40.4	40.9	37.5	33.4	31.2	30.6	32.1	30.8	-1.3
Other SMSA	35.1	35.9	36.1	34.3	33.5	29.7	27.4	27.8	29.1	+1.3
Non-SMSA	36.7	40.9	39.2	39.4	36.4	30.9	30.9	31.2	31.5	+0.3

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 12-4

Cigarettes: Trends in Thirty-Day Prevalence of Daily Use by Subgroups

	Percent who used daily in last thirty days									
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	'82-'83 change
All seniors	26.8	28.8	28.8	27.5	25.4	21.3	20.3	21.1	21.2	+0.1
Sex:										
Male	26.9	28.0	27.1	26.0	22.3	18.5	18.1	18.2	19.2	+1.0
Female	26.4	28.8	30.0	28.3	27.8	23.5	21.7	23.2	22.2	-1.0
College Plans:										
None or under 4 yrs	NA	36.5	37.2	35.2	33.8	29.7	29.3	29.5	29.3	-0.2
Complete 4 yrs	NA	19.8	19.3	18.3	17.0	13.8	12.9	13.2	13.8	+0.6
Region:										
Northeast	31.4	32.31	33.8	32.5	28.6	24.1	23.3	23.4	26.1	+2.7
North Central	28.6	30.2	29.4	28.6	27.0	22.0	23.0	24.0	23.4	-0.6
South	26.2	29.1	28.7	26.4	25.8	22.6	19.1	20.2	19.4	-0.8
West	17.3	19.4	19.2	19.1	17.0	14.0	13.1	12.7	13.0	+0.3
Population Density:										
Large SMSA	30.8	30.4	30.9	29.2	24.5	21.6	21.9	23.5	22.1	-1.4
Other SMSA	25.6	27.1	27.2	25.7	25.0	21.3	19.0	19.3	20.2	+0.9
Non-SMSA	25.8	29.5	29.1	28.7	26.5	21.2	20.7	21.3	21.7	+0.4

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 12-5

Cigarettes: Trends in Thirty-Day Use of Half-Pack a Day or More by Subgroups

	Percent who smoked half-pack a day or more in last thirty days									
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	'82-'83 change
All seniors	17.9	19.2	19.4	18.8	16.5	14.3	13.5	14.2	13.8	-0.4
Sex:										
Male	19.6	19.9	19.7	18.9	15.4	13.5	12.8	13.1	13.1	0.0
Female	16.1	18.0	18.9	18.0	17.1	14.7	13.8	14.7	13.6	-1.1
College Plans:										
None or under 4 yrs	NA	25.5	26.9	25.5	23.3	21.2	20.8	21.0	20.9	-0.1
Complete 4 yrs	NA	11.9	11.2	11.1	9.8	8.2	7.5	7.8	7.6	-0.2
Region:										
Northeast	22.0	22.5	24.2	23.6	19.8	17.0	16.6	15.6	16.6	+1.0
North Central	18.8	20.3	20.3	19.8	17.4	15.4	16.0	17.3	17.1	-0.2
South	16.5	19.0	18.5	17.0	16.1	14.5	12.0	13.3	12.4	-0.9
West	11.3	12.4	11.5	12.2	10.8	8.3	7.3	7.1	6.4	-0.7
Population Density:										
Large SMSA	21.7	20.1	20.4	19.7	16.2	14.8	15.4	15.9	14.1	-1.8
Other SMSA	17.4	18.9	18.8	17.9	16.5	13.8	12.4	12.9	13.5	+0.6
Non-SMSA	15.9	19.0	19.5	19.3	16.7	14.7	13.6	14.2	14.0	-0.2

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 12-6

Cigarettes: Frequency of Use in the Past Thirty Days by Subgroups, Class of 1983

(Entries are percentages)

	Number of Cases (Approx.)	Not at all	Under 1 per day	1-5 per day	About ½ pack a day	About 1 pack a day	About 1½ pack a day	2 or more pack a day
All seniors	16300	69.7	9.2	7.4	6.4	5.8	1.2	0.3
Sex:								
Male	7800	72.0	8.8	6.1	5.7	5.8	1.2	0.3
Female	8000	68.4	9.5	8.5	6.7	5.5	1.2	0.3
College Plans:								
None or under 4 yrs	6300	62.0	8.7	8.4	9.6	8.7	2.1	0.5
Complete 4 yrs	8800	76.7	9.5	6.2	3.8	3.2	0.5	0.1
Region:								
Northeast	3900	65.4	8.6	9.5	8.3	6.5	1.4	0.4
North Central	4600	66.8	9.7	6.3	7.4	7.5	1.9	0.3
South	5200	71.3	9.3	7.0	5.4	5.7	1.0	0.3
West	2600	78.2	8.7	6.6	3.7	2.1	0.4	0.2
Population Density:								
Large SMSA	4200	69.2	8.7	8.0	6.4	5.9	1.4	0.5
Other SMSA	6800	70.9	8.9	6.7	6.1	5.9	1.2	0.3
Non-SMSA	5300	68.5	9.8	7.7	6.8	5.7	1.2	0.3

NOTE: See Appendix D for definition of variables in table.

TABLE 12-7

Cigarettes: Trends in Frequency of Use for Lifetime and Last Thirty Days and in Probability of Future Use

(Entries are percentages)

	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983
Lifetime use									
Never	26.4	24.6	24.3	24.7	26.0	29.0	29.0	29.9	29.4
Once or twice	26.8	25.8	26.7	27.1	28.1	29.7	30.9	29.8	30.1
Occasionally but not regularly	16.4	16.9	16.4	16.2	16.5	15.5	16.1	15.7	16.3
Regularly in the past	8.6	9.2	8.8	9.1	9.2	8.4	7.7	7.6	7.2
Regularly now	21.9	23.5	23.8	22.8	20.3	17.4	16.4	17.0	17.0
N =	(10373)	(16107)	(17929)	(18461)	(16237)	(16078)	(17814)	(17899)	(16553)
Use in last thirty days									
Not at all	63.3	61.2	61.6	63.3	65.6	69.5	70.6	70.0	69.7
Under 1 per day	9.8	10.0	9.6	9.2	9.0	9.1	9.1	9.0	9.2
1-5 per day	9.0	9.5	9.4	8.8	8.9	7.0	6.7	6.9	7.4
About ½ pack/day	8.3	9.3	9.1	9.0	8.0	6.9	6.4	6.8	6.4
About 1 pack/day	7.3	7.9	8.1	7.7	6.7	5.9	5.6	5.8	5.8
About 1½ pack/day	1.9	1.7	1.8	1.7	1.5	1.2	1.2	1.3	1.2
2 or more pack/day	0.4	0.3	0.4	0.3	0.2	0.3	0.3	0.3	0.3
N =	(10315)	(16079)	(17902)	(18429)	(16215)	(16056)	(17794)	(17865)	(16546)
Probability of future use									
Definitely will not	40.6	50.2	51.0	54.5	57.4	60.4	59.0	58.6	60.2
Probably will not	31.0	28.1	29.4	28.2	27.5	26.1	27.2	26.2	26.3
Probably will	27.4	20.5	18.2	16.6	14.4	12.8	13.1	14.1	12.1
Definitely will	1.0	1.2	1.4	0.6	0.6	0.7	0.7	1.0	1.4
N =	(2259)	(3262)	(3624)	(3717)	(3315)	(3245)	(3557)	(3630)	(3390)

TABLE 12-8

Cigarettes: Trends in Grade in Which First Used

	Percent reporting first use in each grade								
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983
Sixth grade (or below)	2.0	2.4	2.7	3.5	3.5	3.0	2.9	3.0	3.3
Seventh or Eighth grade	5.7	6.7	9.1	9.3	8.9	7.2	6.9	7.1	6.3
Ninth grade	6.6	8.5	8.1	7.5	6.0	5.8	5.2	5.3	5.4
Tenth grade	7.8	6.5	6.2	5.6	4.7	4.7	4.5	4.2	3.9
Eleventh grade	5.5	6.0	4.4	4.3	3.9	3.4	3.1	3.2	3.6
Twelfth grade	2.8	2.5	2.2	1.8	2.3	1.7	1.5	1.7	1.6
Never smoked daily	69.6	67.3	67.4	68.0	70.6	74.2	75.9	75.4	75.8
N[a] =	(3085)	(2901)	(5926)	(5960)	(5428)	(5313)	(5995)	(6032)	(5556)

---

[a] This question was asked in one form only in 1975 and 1976 and in two forms in all subsequent years.

TABLE 12-9

Cigarettes: Grade in Which First Used by Subgroups, Class of 1983

(Entries are percentages)

		Grade in school						
	Number of Cases (Approx.)	6 or below	7/8	9	10	11	12	Never used
All seniors	5800	3.3	6.3	5.4	3.9	3.6	1.6	75.8
Sex:								
Male	2800	3.3	5.9	4.3	3.6	2.9	1.4	78.6
Female	2900	3.1	6.8	6.0	4.3	4.3	1.7	73.8
College Plans:								
None or under 4 yrs	2100	5.0	9.0	7.3	4.9	4.5	1.8	67.4
Complete 4 yrs	3400	1.9	4.3	3.5	2.9	2.8	1.4	83.1
Region:								
Northeast	1300	3.5	7.7	8.2	4.0	3.7	1.7	71.2
North Central	1500	4.6	6.7	5.6	4.8	4.6	1.1	72.6
South	1900	2.6	6.4	3.9	3.6	3.2	2.2	78.2
West	1100	2.0	3.4	4.3	3.1	2.7	0.9	83.7
Population Density:								
Large SMSA	1700	3.5	6.9	6.0	4.1	3.1	1.7	74.7
Other SMSA	2500	2.8	6.0	4.9	4.7	3.7	1.6	76.4
Non-SMSA	1500	3.7	6.4	5.7	3.0	3.9	1.5	75.7

NOTE: See Appendix D for definition of variables in table.

TABLE 12-10

Cigarettes: Trends in Use Prior to Tenth Grade by Subgroups

	Percent reporting first use prior to tenth grade[a]									
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	'82-'83 change
All seniors	14.3	17.6	19.9	20.3	18.4	16.0	15.0	15.4	15.0	-0.4
Sex:										
Male	15.8	18.4	20.0	19.5	17.0	13.7	13.0	13.7	13.5	-0.2
Female	12.6	16.5	19.6	20.6	19.7	18.0	16.5	16.7	15.9	-0.8
College Plans:										
None or under 4 yrs	NA	22.9	25.9	25.8	24.8	21.0	21.3	21.7	21.3	-0.4
Complete 4 yrs	NA	11.5	13.4	14.1	12.5	11.5	9.8	9.5	9.7	+0.2
Region:										
Northeast	18.7	21.4	23.6	25.4	23.9	17.7	17.7	18.1	19.4	+1.3
North Central	15.4	17.9	20.3	20.3	18.6	18.1	17.8	17.4	16.9	-0.5
South	11.4	16.5	19.5	19.1	16.8	15.2	12.0	14.3	12.9	-1.4
West	11.2	13.6	13.8	14.6	14.0	11.6	11.4	9.3	9.7	+0.4
Population Density:										
Large SMSA	18.3	18.1	23.0	22.1	18.0	17.9	18.2	17.5	16.4	-1.1
Other SMSA	14.8	18.1	18.9	19.4	18.9	15.1	13.5	14.1	13.7	-0.4
Non-SMSA	11.2	16.9	19.0	20.0	17.9	16.0	14.4	15.3	15.8	+0.5

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C.

See Appendix D for definition of variables in table.

NA indicates data not available.

[a] This question was asked in one form only in 1975 and 1976 and in two forms in all subsequent years.

FIGURE 12-1

Cigarette Smoking on a Daily Basis: Trends in Lifetime Prevalence for Earlier Grade Levels
Based on Retrospective Reports from Seniors

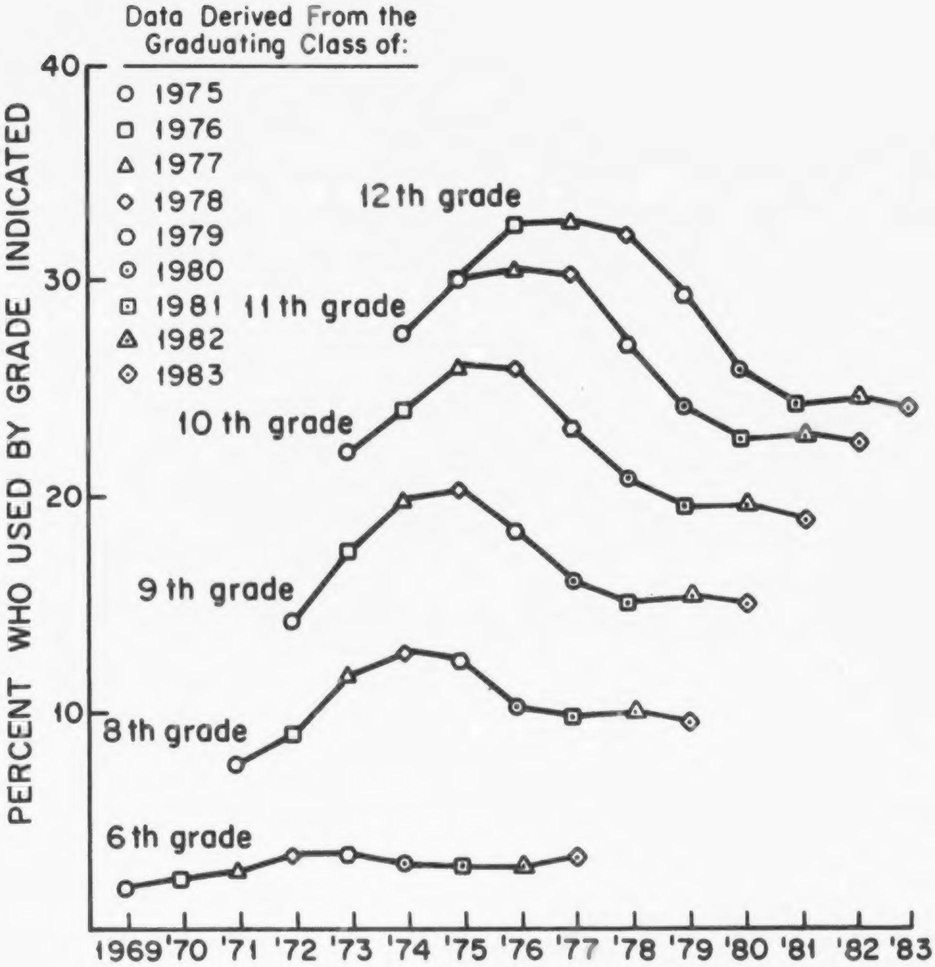
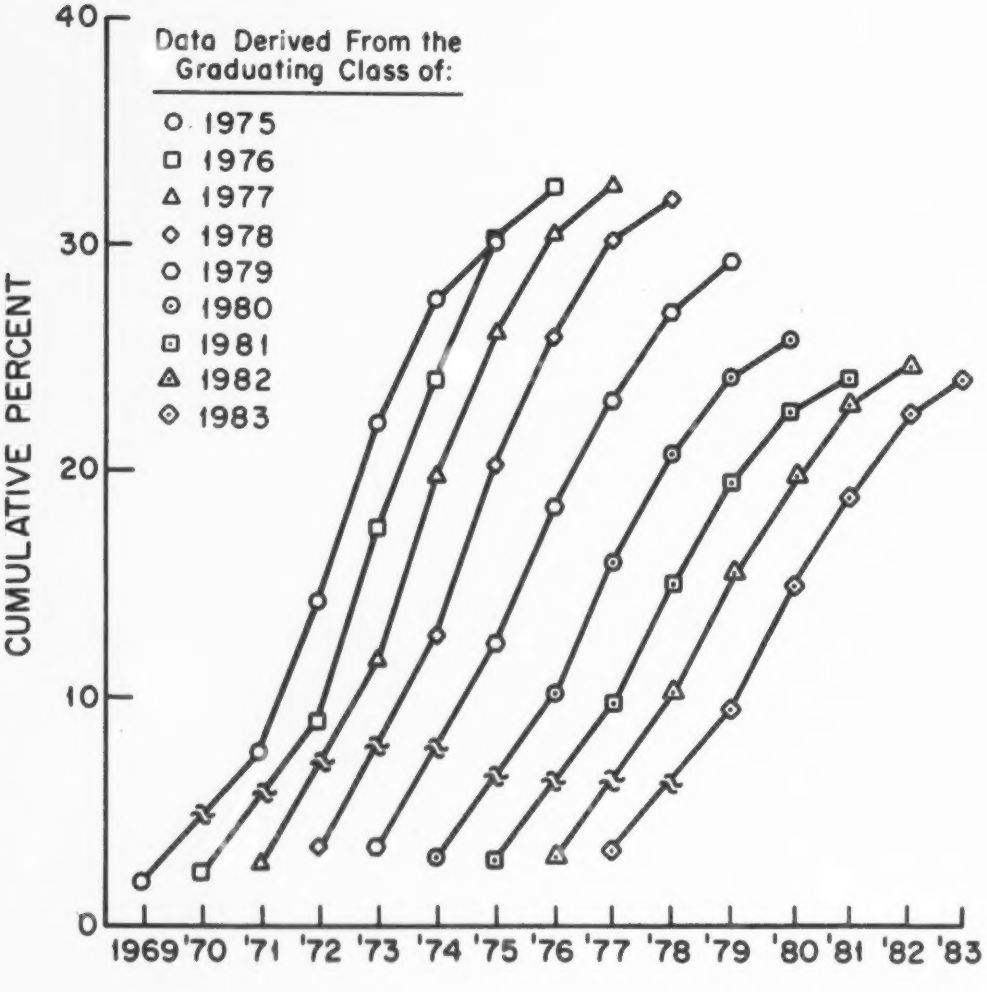


FIGURE 12-2

Cigarettes: Cumulative Lifetime Prevalence for Each Graduating Class by Grade Level



NOTE: Each ascending curve represents the cumulative lifetime prevalence for a single graduating class, with the six sequential points demarcating (from left to right) the following grade levels: 6th, 8th, 9th, 10th, 11th, and 12th.

IV. Attitudes, Beliefs, And The Social Milieu

Chapter 13

ATTITUDES AND BELIEFS ABOUT DRUGS

This section presents the cross-time results for three sets of attitude and belief questions. One set concerns seniors' views about how harmful various kinds of drug use would be for the user, the second asks how much they personally disapprove of various kinds of drug use, and the third deals with attitudes on the legality of using various drugs under different conditions. (The next section covers the closely related topics of parents' and friends' attitudes about drugs, as the seniors perceive them.)

As the data below show, overall percentages disapproving various drugs, and the percentages believing their use to involve serious risk, both tend to parallel the percentages of actual users. Thus, for example, of the illicit drugs marijuana is the most frequently used and the least likely to be seen as risky to use. This and many other such parallels suggest that the individuals who use a drug are less likely to disapprove use of it or to view its use as involving risk. A series of individual-level analyses of these data confirms this conclusion: strong correlations exist between individual use of drugs and the various attitudes and beliefs about those drugs. Those seniors who use a given drug also are more likely to approve its use, downplay its risks, and report their own parents and friends as being at least somewhat more accepting of its use.

The attitudes and beliefs about drug use reported below have been changing during recent years, along with actual behavior. In particular, views about marijuana use, and legal sanctions against use, have shown important trends.

Beginning in 1979, scientists, policy makers, and in particular the electronic and printed media, have given considerable attention to the increasing levels of regular marijuana use among young people, and to the potential hazards associated with such use. As will be seen below, over the last five years attitudes about regular use of marijuana have shifted dramatically in a more conservative direction—a shift which coincides with a reversal in the previous rapid rise of daily use, and which very likely reflects the impact of this increased public attention.

Perceived Harmfulness of Drugs

Beliefs in 1983 about Harmfulness	Table(s)
• A substantial majority of high school seniors perceive regular use of any of the illicit drugs, as entailing "great risk" of harm for the user (see Table 1). Some 86% of the sample feel this way about heroin—the highest proportion for any of these drugs—while 83% associate great risk with using LSD. The proportions attributing great risk to amphetamines, barbiturates, and cocaine are 65%, 68%, and 74% respectively.	1

Table(s)

- Regular use of cigarettes (i.e., one or more packs a day) is judged by the majority (61%) as entailing a great risk of harm for the user. 1

- Regular use of marijuana is judged to involve great risk by 63% of the sample, slightly more than judge cigarette smoking to involve great risk. 1 Fig 1

- Regular use of alcohol was more explicitly defined in several questions. Very few (22%) associate much risk of harm with having one or two drinks almost daily. More than one-third (39%) think there is great risk involved in having five or more drinks once or twice each weekend. Fully two-thirds (67%) think the user takes a great risk in consuming four or five drinks nearly every day. 1

- Compared with the above perceptions about the risks of regular use of each drug, many fewer respondents feel that a person runs a "great risk" of harm by simply trying the drug once or twice. 1

- Very few think there is much risk in using marijuana experimentally (13%) or even occasionally (21%). 1

- Experimental use of the other illicit drugs, however, is still viewed as risky by a substantial proportion. The percentage associating great risk with experimental use ranges from about 25% for amphetamines and barbiturates to 51% for heroin. 1

- Practically no one (4%) believes there is much risk involved in trying an alcoholic beverage once or twice. 1

Trends in Perceived Harmfulness

- Several very important trends have been taking place in recent years in these beliefs about the dangers associated with using various drugs (see Table 1 and Figures 1 and 2). 1 Fig 1,2

- One of the most important trends involves marijuana (Figure 1). From 1975 through 1978 there had been a decline in the harmfulness perceived to be associated with all levels of marijuana use; but in 1979, for the first time, there was an increase in these proportions—an increase which has continued fairly steadily since then. By far the most impressive increase has occurred for regular marijuana use, where there has been a full 28% jump in just four years in the proportion perceiving it as involving great risk—i.e., from 35% in 1978 to 63% in 1982. This is a dramatic change, and it has occurred during a period in which a substantial amount of scientific and media attention has been devoted to the potential dangers of heavy marijuana use. There is evidence, however, of this trend slowing down in the past two years. While there has been some upward shift in concern about the harmfulness of occasional, and even experimental, use, it has been nowhere nearly as dramatic. 1 Fig 1

Table(s)

- There also has been an important increase over a longer period in the number who think pack-a-day cigarette smoking involves great risk to the user (from 51% in 1975 to 64% in 1980). This shift corresponded with, and to some degree preceded, the downturn in regular smoking found in this age group (see Figure 1). But in 1981 this statistic showed no further increase (presaging the end of the decline in use), and the figures for 1982 and 1983 actually show some reversal of that trend. 1 Fig 1

- For most of the other illicit drugs, the period from 1975 to 1979 marked a modest but consistent trend in the direction of fewer students associating much risk with experimental or occasional use of them (Table 1 and Figure 2). Only for amphetamines and barbiturates has this trend continued beyond 1979. Otherwise, there has been little change over the last several years and, if anything, even a slight reversal of previous trends. 1 Fig 2

- The percentage who perceived great risk in trying cocaine once or twice dropped from 43% in 1975 to 31% in 1980, which generally corresponds to a period of rapidly increasing use. But perceived risk has been inching upward over the last three years. The proportion seeing great risk in regular cocaine use also dropped somewhat from 1975 to 1977 and remained fairly level until 1980; but since then it has risen about 5%. This recent increase in health concern parallels rather closely the recent leveling, and now the modest decline, in actual use. (It may be relevant that during this recent period two popular entertainment figures suffered tragic results in connection with their cocaine use.) 1 Fig 2

- In sum, there has been a sharp reversal in young people's concerns about regular marijuana use—one which began to occur in 1979—and since then there has been a more modest reversal in concerns about less frequent use of that drug and in concerns about experimenting with most other illicit drugs, as well. 1 Fig 1,2

- Attitudes concerning the risk associated with alcohol use at various levels have remained essentially unchanged over the past eight years. 1

Personal Disapproval of Drug Use

A different set of questions was developed to try to measure any general moral sentiment attached to various types of drug use. The phrasing, "Do you disapprove of people (who are 18 or older) doing each of the following" was adopted.

Extent of Disapproval in 1983

- The great majority of these students do not condone regular use of any of the illicit drugs (see Table 2). Even regular marijuana use is disapproved by 83%, and regular use of each of the other illicits receives disapproval from between 93% and 98% of today's high school seniors. 2

Table(s)

- Smoking a pack (or more) of cigarettes per day receives the disapproval of 71% of the age group. 2

- Drinking at the rate of one or two drinks daily also receives disapproval from nearly 70% of the seniors. A curious finding is that weekend binge drinking (five or more drinks once or twice each weekend) is acceptable to more seniors than is moderate daily drinking. While only 57% disapprove of having five or more drinks once or twice a weekend, 69% disapprove of having one or two drinks daily. This is in spite of the fact that they associate greater risk with weekend binge drinking (39%) than with the daily drinking (22%). One possible explanation for these seemingly inconsistent findings may stem from the fact that a greater proportion of this age group are themselves weekend binge drinkers rather than regular daily drinkers. They have thus expressed attitudes accepting of their own behavior, even though they may be somewhat inconsistent with their beliefs about possible consequences. 1,2

- For each of the drugs included in the question, fewer people indicate disapproval of experimental or occasional use than of regular use, as would be expected. The differences are not great, however, for the illicit drugs other than marijuana. For example, 77% disapprove experimenting with cocaine vs. 93% who disapprove its regular use. 2

- For marijuana, however, the rate of disapproval varies substantially for different usage habits. Less than half of all seniors (46%) disapprove trying marijuana, yet the great majority (83%) disapprove regular use. 2

Trends in Disapproval

- Between 1975 and 1977 there occurred a substantial decrease in disapproval of marijuana use at any level of frequency (see Table 2 and Figure 14-1). About 14% fewer seniors in the class of 1977 (compared with the class of 1975) disapproved of experimenting, 11% fewer disapproved of occasional use, and 6% fewer disapproved of regular use. Since 1977, however, there has been a substantial reversal of that trend, with disapproval of experimental use having risen by 13%, disapproval of occasional use by 16%, and disapproval of regular use by 17%. These changes are continuing again this year. See Figure 14-1. 2 Fig 14-1

- Until 1980 the proportion of seniors who disapproved trying amphetamines had remained extremely stable (at 75%). In 1981 there was some drop, but it did not continue in 1982 or 1983. 2 Fig 14-1

- During the late 1970's personal disapproval for experimenting with barbiturates had been increasing (from 78% in 1975 to 84% in 1979). Since then it has remained relatively stable. 2 Fig 14-1

- Over recent years disapproval for regular cigarette smoking had been increasing modestly (from 66% in 1976 to 71% in 1980). It, too, has remained fairly stable since. 2 Fig 14-2

Table(s)

- Concurrent with the increase in actual cocaine use, disapproval of experimental use of cocaine had declined somewhat, from a high of 82% in 1976 down to 75% in 1979. But in the last four years, disapproval for cocaine has leveled. (Actual use of cocaine has also leveled and even shown some signs of decline.) 2 Fig 14-1

- There has been relatively little change in attitudes regarding alcohol use, with two exceptions. The small minority who disapprove of trying alcohol once or twice (22% in 1975) had become even smaller by 1977 (16%). It remained relatively unchanged until 1980 (16%), but has begun to inch up since (18% in 1983). There was also a slight softening of attitudes regarding weekend binge drinking, with disapproval dropping from 60% in 1975 to 56% in 1978; since then there has been no consistent trend. 2 Fig 14-2

Attitudes Regarding the Legality of Drug Use

Since the legal restraints on drug use appeared likely to be in a state of flux for some time, we decided at the beginning of the study to measure attitudes about legal sanctions. Table 3 presents a statement of one set of general questions on this subject along with the answers provided by each senior class. The set lists a sampling of illicit and licit drugs and asks whether their use should be prohibited by law. A distinction is consistently made between use in public and use in private—a distinction which proved quite important in the results.

Attitudes in 1983

- Most (74%) favor legally prohibiting marijuana use in public places, despite the fact that the majority have used marijuana themselves; but only about half as many (38%) feel that way about marijuana use in private. 3

- In addition, the great majority believe that the use in public of other illicit drugs than marijuana should be prohibited by law (e.g., 77% in the case of amphetamines and barbiturates, 84% for heroin). 3

- Fully 41% believe that cigarette smoking in public places should be prohibited by law—almost as many as think getting drunk in such places should be prohibited (52%). 3

- For all drugs, substantially fewer students believe that use in private settings should be illegal. 3

Trends in These Attitudes

- From 1975 through 1977 there was a modest decline (from 4% to 9%, depending on the substance) in the proportion of seniors who favored legal prohibition of private use of any of the illicit drugs. Now, however, the evidence suggests that these downward trends have halted and in some cases reversed. 3

Table(s)

- Over the past four years (from 1979 to 1983) there has been a sharp jump in the proportion favoring legal prohibition of marijuana use, either in private (up from 28% to 38%) or in public (up from 62% to 74%). 3

The Legal Status of Marijuana

Another set of questions goes into more detail about what legal sanctions, if any, students think should be attached to the use and sale of marijuana. Respondents also are asked to guess how they would be likely to react to legalized use and sale of the drug. While the answers to such a question must be interpreted cautiously, we think it worth exploring how young people think they might respond to such changes in the law. (The questions and responses are shown in Table 4.)

Attitudes and Predicted Response to Legalization: 1983

- Only about one-fifth of all seniors believe marijuana use should be entirely legal (19%). About one out of four (26%) feel it should be treated as a minor violation—like a parking ticket—but not as a crime. Another 18% indicate no opinion, leaving over one-third (37%) who feel it still should be treated as a crime. In other words, of those expressing an opinion, a majority believe that marijuana use should not be treated as a criminal offense. 4

- Asked whether they thought it should be legal to sell marijuana if it were legal to use it, a majority (58%) said "yes." However, nearly all of these respondents would permit sale only to adults, thus suggesting more conservatism on this subject than might generally be supposed. 4

- High school seniors predict that they would be little affected by the legalization of either the sale or the use of marijuana. Fully 60% of the respondents say that they would not use the drug even if it were legal to buy and use, and another 21% indicate they would use it about as often as they do now, or less. Only 5% say they would use it more often than at present and only another 7% say they would try it. Some 6% say they do not know how they would react. 4

Trends in Attitudes and Predicted Responses

- Between 1976 and 1979 seniors' preferences for decriminalization or legalization remained fairly constant; but in the past four years there has been a sharp drop in the proportion favoring outright legalization (down from 32% in 1979 to 19% in 1983), while there was a corresponding increase in the proportion saying marijuana use should be a crime. 4

- Also reflecting the recent increased conservatism about marijuana, somewhat fewer now would support legalized sale even if use were to be made legal (down from 65% in 1979 to 58% in 1983). 4

Table(s)

- The predictions about personal marijuana use, if sale and use were legalized, have been quite similar for all nine high school classes. The slight shifts being observed are mostly attributable to the changing proportions of seniors who actually use marijuana. 4

TABLE 13-1

Trends in Perceived Harmfulness of Drugs

Q. How much do you think people risk harming themselves (physically or in other ways), if they...	Percent saying "great risk"[a]									
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	'82-'83 change
Try marijuana once or twice	15.1	11.4	9.5	8.1	9.4	10.0	13.0	11.5	12.7	+1.2
Smoke marijuana occasionally	18.1	15.0	13.4	12.4	13.5	14.7	19.1	18.3	20.6	+2.3
Smoke marijuana regularly	43.3	38.6	36.4	34.9	42.0	50.4	57.6	60.4	62.8	+2.4
Try LSD once or twice	49.4	45.7	43.2	42.7	41.6	43.9	45.5	44.9	44.7	-0.2
Take LSD regularly	81.4	80.8	79.1	81.1	82.4	83.0	83.5	83.5	83.2	-0.3
Try cocaine once or twice	42.6	39.1	35.6	33.2	31.5	31.3	32.1	32.8	33.0	+0.2
Take cocaine regularly	73.1	72.3	68.2	68.2	69.5	69.2	71.2	73.0	74.3	+1.3
Try heroin once or twice	60.1	58.9	55.8	52.9	50.4	52.1	52.9	51.1	50.8	-0.3
Take heroin occasionally	75.6	75.6	71.9	71.4	70.9	70.9	72.2	69.8	71.8	+2.0
Take heroin regularly	87.2	88.6	86.1	86.6	87.5	86.2	87.5	86.0	86.1	+0.1
Try amphetamines once or twice	35.4	33.4	30.8	29.9	29.7	29.7	26.4	25.3	24.7	-0.6
Take amphetamines regularly	69.0	67.3	66.6	67.1	69.9	69.1	66.1	64.7	64.8	+0.1
Try barbiturates once or twice	34.8	32.5	31.2	31.3	30.7	30.9	28.4	27.5	27.0	-0.5
Take barbiturates regularly	69.1	67.7	68.6	68.4	71.6	72.2	69.9	67.6	67.7	+0.1
Try one or two drinks of an alcoholic beverage (beer, wine, liquor)	5.3	4.8	4.1	3.4	4.1	3.8	4.6	3.5	4.2	+0.7
Take one or two drinks nearly every day	21.5	21.2	18.5	19.6	22.6	20.3	21.6	21.6	21.6	0.0
Take four or five drinks nearly every day	63.5	61.0	62.9	63.1	66.2	65.7	64.5	65.5	66.8	+1.3
Have five or more drinks once or twice each weekend	37.8	37.0	34.7	34.5	34.9	35.9	36.3	36.0	38.6	+2.6
Smoke one or more packs of cigarettes per day	51.3	56.4	58.4	59.0	63.0	63.7	63.3	60.5	61.2	+0.7
Approx. N =	(2804)	(3225)	(3570)	(3770)	(3250)	(3234)	(3604)	(3557)	(3305)	

NOTE: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

[a] Answer alternatives were: (1) No risk, (2) Slight risk, (3) Moderate risk, (4) Great risk, and (5) Can't say, Drug unfamiliar.

BEST COPY AVAILABLE

TABLE 13-2

Trends in Proportions Disapproving of Drug Use

	Percent "disapproving"[a]									
Q. Do you disapprove of people (who are 18 or older) doing each of the following?[b]	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	'82-'83 change
Try marijuana once or twice	47.0	38.4	33.4	33.4	34.2	39.0	40.0	45.5	46.3	+0.8
Smoke marijuana occasionally	54.8	47.8	44.3	43.5	45.3	49.7	52.6	59.1	60.7	+1.6
Smoke marijuana regularly	71.9	69.5	65.5	67.5	69.2	74.6	77.4	80.6	82.5	+1.9
Try LSD once or twice	82.8	84.6	83.9	85.4	86.6	87.3	86.4	88.8	89.1	+0.3
Take LSD regularly	94.1	95.3	95.8	96.4	96.9	96.7	96.8	96.7	97.0	+0.3
Try cocaine once or twice	81.3	82.4	79.1	77.0	74.7	76.3	74.6	76.6	77.0	+0.4
Take cocaine regularly	93.3	93.9	92.1	91.9	90.8	91.1	90.7	91.5	93.2	+1.7s
Try heroin once or twice	91.5	92.6	92.5	92.0	93.4	93.5	93.5	94.6	94.3	-0.3
Take heroin occasionally	94.8	96.0	96.0	96.4	96.8	96.7	97.2	96.9	96.9	0.0
Take heroin regularly	96.7	97.5	97.2	97.8	97.9	97.6	97.8	97.5	97.7	+0.2
Try amphetamines once or twice	74.8	75.1	74.2	74.8	75.1	75.4	71.1	72.6	72.3	-0.3
Take amphetamines regularly	92.1	92.8	92.5	93.5	94.4	93.0	91.7	92.0	92.6	+0.6
Try barbiturates once or twice	77.7	81.3	81.1	82.4	84.0	83.9	82.4	84.4	83.1	-1.3
Take barbiturates regularly	93.3	93.6	93.0	94.3	95.2	95.4	94.2	94.4	95.1	+0.7
Try one or two drinks of an alcoholic beverage (beer, wine, liquor)	21.6	18.2	15.6	15.6	15.8	16.0	17.2	18.2	18.4	+0.2
Take one or two drinks nearly every day	67.6	68.9	66.8	67.7	68.3	69.0	69.1	69.9	68.9	-1.0
Take four or five drinks nearly every day	88.7	90.7	88.4	90.2	91.7	90.8	91.8	90.9	90.0	-0.9
Have five or more drinks once or twice each weekend	60.3	58.6	57.4	56.2	56.7	55.6	55.5	58.8	56.6	-2.2
Smoke one or more packs of cigarettes per day	67.5	65.9	66.4	67.0	70.3	70.8	69.9	69.4	70.8	+1.4
Approx. N =	(2677)	(3234)	(3582)	(3686)	(3221)	(3261)	(3610)	(3651)	(3341)	

NOTE: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

[a] Answer alternatives were: (1) Don't disapprove, (2) Disapprove, and (3) Strongly disapprove. Percentages are shown for categories (2) and (3) combined.

[b] The 1975 question asked about people who are *"20 or older."*

BEST COPY AVAILABLE

TABLE 13-3

Trends in Attitudes Regarding Legality of Drug Use

	Percent saying "yes"[a]									
Q. Do you think that people (who are 18 or older) should be prohibited by law from doing each of the following?[b]	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	'82-'83 change
Smoke marijuana in private	32.8	27.5	26.8	25.4	28.0	28.9	35.4	36.6	37.8	+1.2
Smoke marijuana in public places	63.1	59.1	58.7	59.5	61.8	66.1	67.4	72.8	73.6	+0.8
Take LSD in private	67.2	65.1	63.3	62.7	62.4	65.8	62.6	67.1	66.7	-0.4
Take LSD in public places	85.8	81.9	79.3	80.7	81.5	82.8	80.7	82.1	82.8	+0.7
Take heroin in private	76.3	72.4	69.2	68.8	68.5	70.3	68.8	69.3	69.7	+0.4
Take heroin in public places	90.1	84.8	81.0	82.5	84.0	83.8	82.4	82.5	83.7	+1.2
Take amphetamines or barbiturates in private	57.2	53.5	52.8	52.2	53.4	54.1	52.0	53.5	52.8	-0.7
Take amphetamines or barbiturates in public places	79.6	76.1	73.7	75.8	77.3	76.1	74.2	75.5	76.7	+1.2
Get drunk in private	14.1	15.6	18.6	17.4	16.8	16.7	19.6	19.4	19.9	+0.5
Get drunk in public places	55.7	50.7	49.0	50.3	50.4	48.3	49.1	50.7	52.2	+1.5
Smoke cigarettes in certain specified public places	NA	NA	42.0	42.2	43.1	42.8	43.0	42.0	40.5	-1.5
Approx. N =	(2620)	(3265)	(3629)	(3783)	(3288)	(3224)	(3611)	(3627	(3315)	

NOTE: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

[a] Answer alternatives were: (1) No, (2) Not sure, and (3) Yes.

[b] The 1975 question asked about people who are *"20 or older."*

BEST COPY AVAILABLE

TABLE 13-4

Trends in Attitudes Regarding Marijuana Laws

(Entries are percentages)

Q. There has been a great deal of public debate about whether marijuana use should be legal. Which of the following policies would you favor?	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983
Using marijuana should be entirely legal	27.3	32.6	33.6	32.9	32.1	26.3	23.1	20.0	18.9
It should be a minor violation like a parking ticket but not a crime	25.3	29.0	31.4	30.2	30.1	30.9	29.3	28.2	26.3
It should be a crime	30.5	25.4	21.7	22.2	24.0	26.4	32.1	34.7	36.7
Don't know	16.8	13.0	13.4	14.6	13.8	16.4	15.4	17.1	18.1
N =	(2617)	(3264)	(3622)	(3721)	(3278)	(3211)	(3593)	(3615)	(3301)
Q. If it were legal for people to USE marijuana, should it also be legal to SELL marijuana?									
No	27.8	23.0	22.5	21.8	22.9	25.0	27.7	29.3	27.4
Yes, but only to adults	37.1	49.8	52.1	53.6	53.2	51.8	48.6	46.2	47.6
Yes, to anyone	16.2	13.3	12.7	12.0	11.3	9.6	10.5	10.7	10.5
Don't know	18.9	13.9	12.7	12.6	12.6	13.6	13.2	13.8	14.6
N =	(2616)	(3279)	(3628)	(3719)	(3280)	(3210)	(3599)	(3619)	(3300)
Q. If marijuana were legal to use and legally available, which of the following would you be most likely to do?									
Not use it, even if it were legal and available	53.2	50.4	50.6	46.4	50.2	53.3	55.2	60.0	60.1
Try it	8.2	8.1	7.0	7.1	6.1	6.8	6.0	6.3	7.2
Use it about as often as I do now	22.7	24.7	26.8	30.9	29.1	27.3	24.8	21.7	19.8
Use it more often than I do now	6.0	7.1	7.4	6.3	6.0	4.2	4.7	3.8	4.9
Use it less than I do now	1.3	1.5	1.5	2.7	2.5	2.6	2.5	2.2	1.5
Don't know	8.5	8.1	6.6	6.7	6.1	5.9	6.9	6.0	6.4
N =	(2602)	(3272)	(3625)	(3711)	(3277)	(3210)	(3598)	(3618)	(3296)

BEST COPY AVAILABLE

FIGURE 13-1

Trends in Perceived Harmfulness: Marijuana and Cigarettes

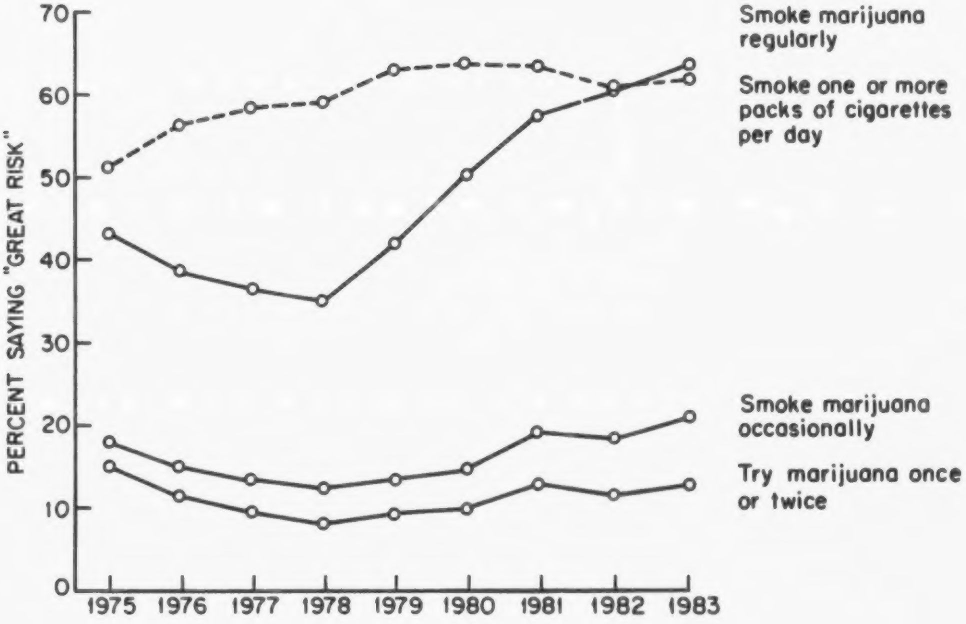
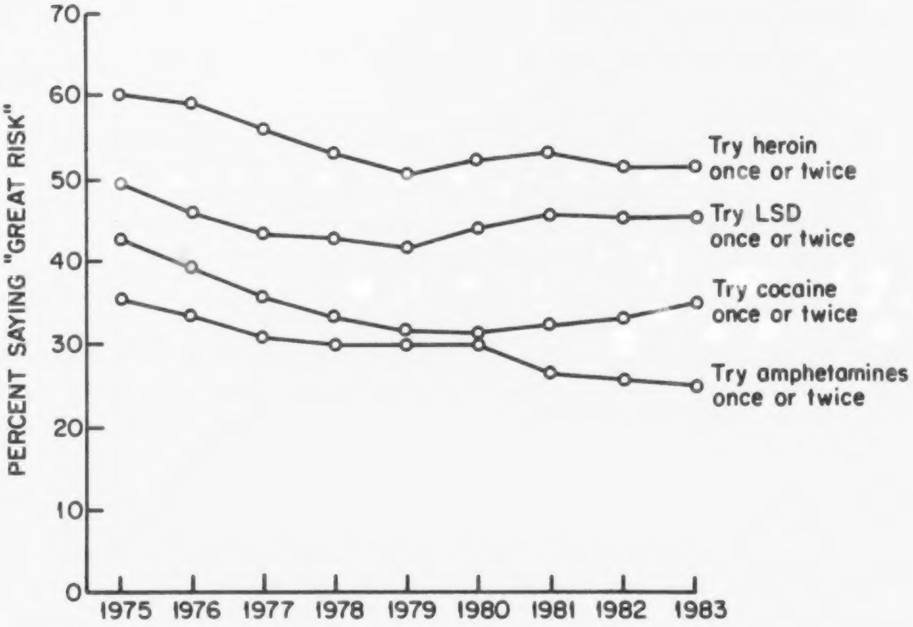


FIGURE 13-2

Trends in Perceived Harmfulness: Other Drugs



Chapter 14

THE SOCIAL MILIEU

The preceding section dealt with seniors' attitudes about various forms of drug use. Attitudes about drugs, as well as drug-related behaviors, obviously do not occur in a social vacuum. Drugs are discussed in the media; they are a topic of considerable interest and conversation among young people; they are also a matter of much concern to parents, concern which often is strongly communicated to their children. Young people are known to be affected by the actual drug-taking behaviors of their friends and acquaintances, as well as by the availability of the various drugs. This section presents data on several of these relevant aspects of the social milieu.

We begin with two sets of questions about parental and peer attitudes, questions which closely parallel the questions about respondents' own attitudes about drug use, discussed in the preceding section. Since parental attitudes are now included in the survey only intermittently, those discussed here are based on the 1979 results.

Perceived Attitudes of Parents and Friends

Perceptions of Parental Attitudes	Table(s)
Based on our most recent (1979) measures of perceived parental attitudes, a large majority of seniors feel that their parents would disapprove or strongly disapprove of their exhibiting any of the drug use behaviors shown in Table 2. (The data for the perceived parental attitudes are not given in tabular form, but are displayed in Figures 1 and 2.)	1 Fig 1,2
Over 97% of seniors said that their parents would disapprove or strongly disapprove of their smoking marijuana regularly, even trying LSD or amphetamines, or having four or five drinks every day. (Although the questions did not include more frequent use of LSD or amphetamines, or any use of heroin, it is obvious that if such behaviors were included in the list virtually all seniors would indicate parental disapproval.)	1 Fig 1,2
While respondents feel that marijuana use would receive the least parental disapproval of all of the illicit drugs, even experimenting with it still is seen as a parentally disapproved activity by the great majority of the seniors (85%). Assuming that the students are generally correct about their parents' attitudes, these results clearly show that there remains a rather massive generational difference of opinion about this drug.	1 Fig 1
Also likely to be perceived as rating high parental disapproval (around 92% disapproval) are occasional marijuana use, taking one or two drinks nearly every day, and pack-a-day cigarette smoking.	1 Fig 1,2

Table(s)

- Slightly lower proportions of seniors (85%) think their parents would disapprove of their having five or more drinks once or twice every weekend. This happened to be exactly the same percentage as said that their parents would disapprove of simply experimenting with marijuana. 1 Fig 1,2

- There is no reason to think that parental attitudes have softened in the intervening period. If anything the opposite seems more likely to be the case, given the rising public concern about marijuana and cocaine and the burgeoning parents' movement against drugs.

Current Perceptions of Friends' Attitudes

- A parallel set of questions asked respondents to estimate their friends' attitudes about drug use (Table 2). These questions ask "How do you think your close friends feel (or would feel) about you ...." The highest levels of disapproval are associated with heavy daily drinking (86% think friends would disapprove), trying LSD (88%), and trying an amphetamine (77%). Presumably, if heroin were on the list it would receive the highest peer disapproval; and, judging from respondents' own attitudes, barbiturates and cocaine would be roughly as unpopular among peers as amphetamines. 2 Fig 1,2

- A substantial majority think their friends would disapprove if they smoked marijuana regularly (78%), or smoked a pack or more of cigarettes daily (72%). 2 Fig 1,2

- While heavy drinking on weekends is judged by half (51%) to be disapproved by their friends, most (72%) think consumption of one or two drinks daily would be disapproved. 2 Fig 1,2

- Majorities feel that their friends would disapprove of occasional marijuana smoking (60%) and trying marijuana once or twice (52%). 2 Fig 1

- In sum, peer norms differ considerably for the various drugs and for varying degrees of involvement with those drugs, but overall they tend to be quite conservative. The great majority of seniors have friendship circles which do not condone use of the illicit drugs other than marijuana, and three-fourths feel that their friends would disapprove of regular marijuana use. In fact, over half of them now believe their friends would disapprove their even trying marijuana. 2 Fig 1,2

A Comparison of the Attitudes of Parents, Peers, and Respondents Themselves

Table(s)

- A comparison of the perceptions of friends' disapproval with perceptions of parents' disapproval shows several interesting things.

- First there is rather little variability among different students in their perceptions of their parents' attitudes: on any of the drug behaviors listed nearly *all* say their parents would disapprove. Nor is there much variability among the different drugs in perceived parental attitudes. Peer norms vary much more from drug to drug. The net effect of these facts is likely to be that peer norms have a much greater chance of explaining variability in the respondent's own individual attitudes or use than parental norms, simply because the peer norms vary more.
  1,2
  Fig 1,2

- Despite there being less variability in parental attitudes, the *ordering* of drug use behaviors is much the same for them as for peers (e.g., among the illicit drugs asked about, the highest frequencies of perceived disapproval are for trying LSD, while the lowest frequencies are for trying marijuana).
  1,2
  Fig 1,2

- A comparison with the seniors' own attitudes regarding drug use (see Figures 1 and 2) reveals that on the average they are much more in accord with their peers than with their parents. The differences between seniors' own disapproval ratings and those attributed to their parents tend to be large, with parents seen as more conservative overall in relation to *every drug*, licit or illicit. The largest difference occurs in the case of *marijuana* experimentation, where only 46% say they disapprove but 85% said in 1979 that their parents would.
  Fig 1,2

Trends in Perceptions of Parents' and Friends' Views

- Several important changes in the perceived attitudes of others have been taking place recently—and particularly among peers. These shifts are presented graphically in Figures 1 and 2. As can be seen in those figures, adjusted (dotted) trend lines have been introduced before 1980. This was done because we discovered that the deletion in 1980 of the questions about parents' attitudes—which up until then had immediately preceded friends' attitudes in the questionnaire—removed an artifactual depression of the answers on friends' use, a phenomenon known as a question-context effect. This effect was particularly evident in the trend lines dealing with alcohol use, where an abrupt upward shift occurred in 1980 in otherwise smooth lines. It appears that when questions about parents' attitudes were present, respondents tended to understate peer disapproval in order to emphasize the difference in attitudes between their parents and their peers. In the adjusted lines, we have attempted to correct for
  Fig 1,2

Table(s)

that artifactual depression in the 1975, 1977, and 1979 scores.* We think the adjusted trend lines give a more accurate picture of the change taking place. For some reason, the question-context effect seems to have more influence on the questions dealing with cigarettes and alcohol than on those dealing with illicit drugs.

- For each level of *marijuana* use—trying once or twice, occasional use, regular use—there had been a drop in perceived disapproval for both parents and friends up until 1977 or 1978. We know from our other findings that these perceptions correctly reflected actual shifts in the attitudes of their peer groups—that is, that acceptance of marijuana was in fact increasing among seniors (see Figure 1). There is little reason to suppose such perceptions are less accurate in reflecting shifts in parents' attitudes. Therefore, we conclude that the social norms regarding marijuana use among adolescents had been relaxing before 1979. However, consistent with the seniors' reports about their own attitudes, there has been a sharp reversal in peer norms, and it continues this year. 1,2 Fig 1

- Until 1981 there had been relatively little change in either self-reported or perceived peer attitudes toward *amphetamine* use, but in 1981 both measures showed significant and parallel dips in disapproval (as use rose sharply). Since then disapproval has been easing back up toward the earlier levels. 2,13-2 Fig 1

- Perceived parental norms regarding *most drugs other than marijuana* showed little or no change (between 1975 and 1979, where data are available); peer norms for *LSD* have been quite stable since 1975. 1,2 Fig 1

- Certainly one of the largest changes in perceived peer norms has occurred in relation to *regular cigarette smoking*. The proportion of seniors saying that their friends would disapprove of them smoking a pack-a-day or more rose from 64% (adjusted version) in 1975 to 74% in 1980. Since then, however, peer norms regarding smoking have remained relatively level or even eased back a percent or two. 2 Fig 2

---

*The correction evolved as follows: We assumed that a more accurate estimate of the true change between 1979 and 1980 could be obtained by taking an average of the changes observed in the year prior and the year subsequent, rather than by taking the observed change (which we knew to contain the effect of a change in question content). We thus calculated an *adjusted* 1979-1980 change score by taking an average of one half the 1977-1979 change score (our best estimate of the 1978-79 change) plus the 1980-1981 change score. This estimated change score was then subtracted from the observed change score for 1979-1980, the difference being our estimate of the amount by which peer disapproval of the behavior in question was being understated because of the context in which the questions occurred prior to 1980. The 1975, 1977, and 1979 observations were then adjusted upward by the amount of that correction factor. (Table 2 shows the correction factors in the first column.)

Table(s)

- For *alcohol*, perceived peer norms have moved pretty much in parallel with seniors' statements about their personal disapproval. *Heavy daily drinking* is seen as remaining disapproved by the great majority. *Weekend binge drinking* showed some modest decline in disapproval up through 1980. Since then it has remained virtually level. 2 Fig 2

Exposure to Drug Use by Friends and Others

It is generally agreed that much of youthful drug use is initiated through a peer social-learning process; and research has shown a high correlation between an individual's illicit drug use and that of his or her friends. Such a correlation can, and probably does, reflect several different causal patterns: (a) a person with friends who use a drug will be more likely to try the drug; (b) conversely, the individual who is already using a drug will be likely to introduce friends to the experience; and (c) one who is already a user is more likely to establish friendships with others who also are users.

Given the potential importance of exposure to drug use by others, we felt it would be useful to monitor seniors' association with others taking drugs, as well as seniors' perceptions about the extent to which their friends use drugs. Two sets of questions, each covering all or nearly all of the categories of drug use treated in this report, asked seniors to indicate (a) how often during the past twelve months they were around people taking each of the drugs to get high or for "kicks," and (b) what proportion of their own friends use each of the drugs. (The questions dealing with friends' use are shown in Table 4. The data dealing with direct exposure to use may be found in Table 7.) Obviously, responses to these two questions are highly correlated with the respondents' own drug use; thus, for example, seniors who have recently used marijuana are much more likely to report that they have been around others getting high on marijuana, and that most of their friends use it.

Exposure to Drug Use in 1983

- A comparison of responses about friends' use, and about being around people in the last twelve months who were using various drugs to get high, reveals a high degree of correspondence between these two indicators of exposure. For each drug, the proportion of respondents saying "none" of their friends use it is fairly close to the proportion who say that during the last twelve months they have not been around anyone who was using that drug to get high. Similarly, the proportion saying they are "often" around people getting high on a given drug is roughly the same as the proportion reporting that "most" or "all" of their friends use that drug. 3,6 Fig 3

- Reports of exposure and friends' use closely parallel the figures on seniors' own use (compare Figures A and 3). It thus comes as no surprise that the highest levels of exposure involve *alcohol*; a majority (60%) say they are "often" around people using it to get high. What *may* come as a surprise is that fully 31% of all seniors say that most or all of their friends go so far as to *get* 3,6 Fig A,3

Table(s)

drunk at least once a week. (This is consistent, however, with the fact that 41% said they personally had taken five or more drinks in a row at least once during the prior two weeks.)

- The drug to which students are next most frequently exposed is marijuana. Some 26% are "often" around people using it to get high, and another 26% are exposed "occasionally." Only about one in four (24%) reports no exposure during the year. 6
- Amphetamines, the most widely used class of illicit drugs other than marijuana, is also the one to which seniors are next most often exposed. Nearly half of all seniors (46%) have been around someone using them to get high over the past year, and 10% say they are "often" around people doing this. 6
- For the remaining illicit drugs there are far lower rates, with any exposure to use in the past year ranging from 33% for cocaine, down to 5% for heroin. 6
- More than two of every five seniors (42%) report no exposure to illicit drugs other than marijuana.
- Regarding cigarette smoking, it is interesting to note that only one in every four or five seniors (22%) report that most or all of their friends smoke. 4, Fig 3

Recent Trends in Exposure to Drug Use

- During the two-year interval from 1976 to 1978, seniors' reports of exposure to marijuana use increased in just about the same proportion as percentages on actual monthly use. In 1979 both exposure to use and actual use stabilized; and since 1979 both have been dropping. The proportion saying they are often around people using marijuana dropped from 39% in 1979 to 26% in 1983—a drop of one-third in the past four years. 7
- Cocaine had a consistent increase from 1976 to 1979 in the proportions exposed to users. Since 1979, there has been a slight drop in exposure to use coinciding with the slight drop in self-reported use. 7
- Over the last four years there have been statistically significant decreases in exposure to others (including close friends) using tranquilizers, and psychedelics other than LSD (including PCP) which coincide with continued declines in the self-reported use of these classes of drugs. 4,7
- There also had been a gradual decrease in exposure to barbiturates and LSD from 1975 through 1980. However, exposure to the use of both of these drugs then plateaued for two years, as did the usage figures. Both drugs have shown further decline in use since 1981, and both have now resumed their decline in exposure to use. 7

	Table(s)
• Trend data are only available since 1979 on friends' use of PCP or the nitrites. For both drugs, exposure to friends' use has dropped significantly between 1979 and 1983. Only half as many seniors in 1983 (14%) said any of their friends used PCP than said that in 1979 (28%). The comparable drop for nitrites was from 22% to 15%.	4
• The proportion having some friends who used amphetamines rose from 41% to 51% between 1979 and 1982—paralleling the sharp increase in reported use over that period. The proportion saying they were around people using amphetamines "to get high or for kicks" also jumped substantially between 1980 and 1982 (by 9%) but fell back 5% this year (as actual use is observed to decline).*	4,7
• Between 1978 and 1981 methaqualone use rose, as did the proportion of seniors saying some of their friends used. A decline in use started in 1982 and accelerated in '83, and in '83 there was a 6% drop in seniors reporting that any of their friends used quaaludes (from 36% to 30%).	4
• The proportion saying that "most or all" of their friends smoke cigarettes dropped steadily between 1976 and 1981, from 37% to 22%. (During this period actual use dropped markedly, and more seniors perceived their friends as disapproving regular smoking.) Since 1981, friends' use (as well as self-reported use) has remained stable.	4
• The proportion saying most or all of their friends get drunk at least once a week had been increasing steadily, from 27% in 1976 to 32% in 1979—a period when the prevalence of binge drinking was rising slightly. Since then there has been a slight fall-off of perhaps one or two percent. But without question, what remains the most impressive fact here is that nearly a third of all high school seniors (31% in 1983) say that most or all of their friends get drunk at least once a week!	4
• Coincident with the sharp drop in cigarette smoking behavior between 1977 and 1981 was an equally sharp drop in the proportion of seniors who said that most or all of their close friends smoked (from 34% to 22%) and a sharp increase in the proportion saying they had no close friends who smoked (from 6% to 12%). As would be expected from the usage rates, there has been little further change since 1981.	4

---

*This latter finding was important, since it indicated that a substantial part of the increase observed in self-reported amphetamine use was due to things other than simply an increase in the use of over-the-counter diet pills or stay-awake pills, which presumably are not used to get high. Obviously more young people were using stimulants for recreational purposes. There still remained the question, of course, of whether the active ingredients in those stimulants really were amphetamines.

Implications for Validity of Self-Reported Usage Questions

- We have noted a high degree of correspondence in the aggregate level data presented in this report among seniors' self-reports of their own drug use, their reports concerning friends' use, and their own exposure to use. Drug-to-drug comparisons in any given year across these three types of measures tend to be highly parallel, as do the changes from year to year.* We take this consistency as additional evidence for the validity of the self-report data, and of trends in the self-report data, since there should be less reason to distort answers on friends' use, or general exposure to use, than to distort the reporting of one's own use.

Perceived Availability of Drugs

One set of questions asks for estimates of how difficult it would be to obtain each of a number of different drugs. The answers range across five categories from "probably impossible" to "very easy." While no systematic effort has been undertaken to assess directly the validity of these measures, it must be said that they do have a rather high level of face validity—particularly if it is the subjective reality of "perceived availability" which is purported to be measured. It also seems quite reasonable to us to assume that perceived availability tracks actual availability to some extent.

Perceived Availability in 1983	Table(s)
• There are substantial differences in the reported availability of the various drugs. In general, the more widely used drugs are reported to be available by the highest proportion of the age group, as would be expected (see Table 8 and Figure 4).	8 Fig 4
• Marijuana appears to be almost universally available to high school seniors; some 86% report that they think it would be "very easy" or "fairly easy" for them to get—roughly 30% more than the number who report ever having used it.	8 Fig 4
• After marijuana, the students indicate that the psychotherapeutic drugs are the most available to them: amphetamines are seen as available by 69%, tranquilizers by 55%, and barbiturates by 53%.	8 Fig 4
• Less than half of the seniors (43%) see cocaine as available to them.	8 Fig 4
• LSD, other psychedelics, and opiates other than heroin are reported as available by only about one of every three or four seniors (31%, 27%, and 30%, respectively).	8 Fig 4

---

*Those minor instances of non-correspondence may well result from the larger sampling errors in our estimates of these environmental variables, which are measured on a sample size one-fifth the size of the self-reported usage measures.

	Table(s)
• Heroin is seen by the fewest seniors (19%) as being easy to get.	8 Fig 4
• The majority of "recent users" of nearly all drugs—those who have illicitly used the drug in the past year—feel that it would be easy for them to get that same type of drug. The one exception is heroin, for which only 43% of the small number of recent users on the relevant questionnaire form thought they could easily get more.	9
• There is some further variation by drug class, however. Most (from 79% to 96%) of the recent users of marijuana, cocaine, amphetamines, barbiturates, and tranquilizers feel they could get those same drugs easily. Smaller majorities of those who used LSD (67%) or other opiates (66%) feel it would be easy for them to get those drugs again.	9

Trends in Perceived Availability of Drugs

• Last year there was no major change in the perceived availability of any of these drugs. This year nearly all showed some decline.	8,9 Fig 4
• Marijuana, for the first time since the study was begun in 1975, showed a small but statistically significant decline in perceived availability (down 2.3% to 86.2%).	8 Fig 4
• Amphetamines showed a full 11% jump in availability between 1979 and 1982; but availability dropped back by 2% in 1983.	8 Fig 4
• The perceived availability of barbiturates also jumped about 6% between 1980 and 1982, but dropped back nearly 3% in 1983.	8 Fig 4
• Between 1977 and 1980 there had been a substantial (15%) increase in the perceived availability of cocaine (see Figure 4 and Table 8). Among recent cocaine users there also was a substantial increase observed over that three-year interval. There was no further change after 1980 until this year, when a 4.3% drop occurred.	8,9 Fig 4
• The availability of tranquilizers declined steadily between 1978 and 1980, held steady for two years, and then declined significantly again in 1983 (down 3.6% to 55%).	8 Fig 4
• LSD and the other psychedelics, taken as a class, also were reported as available to fewer seniors in the Class of 1983 than in the Class of '82. In the case of the other psychedelics, availability has now dropped from a peak level of 48% in 1975 to 27% in 1983.	8
• There is no evidence of any systematic change in the perceived availability of either heroin or the other opiates.	8 Fig 4
• All these trends are similar among recent users except that the availability of tranquilizers did not change significantly.	8,9

TABLE 14-1

Trends in Parental Disapproval of Drug Use

	Percent disapproving[a]								
Q. How do you think your parents would feel about you...	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983
Trying marijuana once or twice	90.8	87.4	85.8	83.2	84.9	NA	NA	NA	NA
Smoking marijuana occasionally	95.6	93.0	92.5	90.8	93.2	NA	NA	NA	NA
Smoking marijuana regularly	98.1	96.3	96.5	95.6	97.2	NA	NA	NA	NA
Trying LSD once or twice	99.0	97.4	98.1	97.5	98.8	NA	NA	NA	NA
Trying an amphetamine once or twice	98.0	97.1	97.2	96.7	97.9	NA	NA	NA	NA
Taking one or two drinks nearly every day	89.5	90.0	92.2	88.9	91.8	NA	NA	NA	NA
Taking four or five drinks every day	97.2	96.5	96.5	96.3	97.4	NA	NA	NA	NA
Having five or more drinks once or twice every weekend	85.3	85.9	86.5	82.6	84.5	NA	NA	NA	NA
Smoking one or more packs of cigarettes per day	88.5	87.6	89.2	88.7	91.3	NA	NA	NA	NA
Approx. N =	(2546)	(2807)	(3014)	(3054)	(2748)	(NA)	(NA)	(NA)	(NA)

NA indicates question not asked.

[a] Answer alternatives were: (1) Not disapprove, (2) Disapprove, and (3) Strongly disapprove. Percentages are shown for categories (2) and (3) combined.

BEST COPY AVAILABLE

TABLE 14-2

Trends in Proportion of Friends Disapproving of Drug Use

		Percent saying friends disapprove[a]									
Q. How do you think your close friends feel (or would feel) about you...	Adjustment Factor	Class of 1975[b]	Class of 1976	Class of 1977[b]	Class of 1978	Class of 1979[b]	Class of 1980	Class of 1981	Class of 1982	Class of 1983	'82-'83 change
Trying marijuana once or twice	*(-0.5)*	*44.3*	NA	*41.8*	NA	*40.9*	42.6	46.4	50.3	52.0	+1.7
Smoking marijuana occasionally	*(+0.8)*	*54.8*	NA	*49.0*	NA	*48.2*	50.6	55.9	57.4	59.9	+2.5
Smoking marijuana regularly	*(+4.6)*	*75.0*	NA	*69.1*	NA	*70.2*	72.0	75.0	74.7	77.6	+2.9s
Trying LSD once or twice	*(+2.0)*	*85.6*	NA	*86.6*	NA	*87.6*	87.4	86.5	87.8	87.8	0.0
Trying an amphetamine once or twice	*(+2.2)*	*78.8*	NA	*80.3*	NA	*81.0*	78.9	74.4	75.7	76.8	+1.1
Taking one or two drinks nearly every day	*(+7.8)*	*67.2*	NA	*71.0*	NA	*71.0*	70.5	69.5	71.9	71.7	-0.2
Taking four or five drinks every day	*(+9.3)*	*89.2*	NA	*88.1*	NA	*88.5*	87.9	86.4	86.6	86.0	-0.6
Having five or more drinks once or twice every weekend	*(+4.7)*	*55.0*	NA	*53.4*	NA	*51.3*	50.6	50.3	51.2	50.6	-0.6
Smoking one or more packs of cigarettes per day	*(+8.3)*	*63.6*	NA	*68.3*	NA	*73.4*	74.4	73.8	70.3	72.2	+1.9
Approx. N =		(2488)	(NA)	(2971)	(NA)	(2716)	(2766)	(3120)	(3024)	(2722)	

NOTE: NA indicates question not asked.

[a] Answer alternatives were: (1) Not disapprove, (2) Disapprove, and (3) Strongly disapprove. Percentages are shown for categories (2) and (3) combined.

[b] These figures have been adjusted by the factors reported in the first column because of lack of comparability of question-context among administrations. (See text for discussion.)

BEST COPY AVAILABLE

TABLE 14-3

Friends' Use of Drugs, Class of 1983

(Approximate N = 3095)

Q. How many of your friends would you estimate...	Percent saying. . .				
	None	A Few	Some	Most	All
Smoke marijuana	19.7	33.6	25.0	17.6	4.1
Use inhalants	83.9	12.9	2.1	0.7	0.4
Use amyl & butyl nitrites	85.5	11.2	2.6	0.5	0.2
Take LSD	76.0	17.5	5.2	1.1	0.3
Take other psychedelics	77.9	17.1	3.4	1.2	0.4
Take PCP	85.8	11.2	2.0	0.7	0.4
Take cocaine	62.4	23.3	9.2	4.0	1.1
Take heroin	88.0	9.3	2.0	0.5	0.3
Take other narcotics	79.2	15.1	4.3	1.1	0.3
Take amphetamines	53.9	28.3	12.8	4.1	1.0
Take barbiturates	71.7	21.2	5.3	1.3	0.4
Take quaaludes	70.3	20.7	6.4	2.1	0.5
Take tranquilizers	73.3	21.2	4.2	0.8	0.4
Drink alcoholic beverages	4.5	10.1	16.5	43.1	25.9
Get drunk at least once a week	16.1	26.2	26.8	21.3	9.7
Smoke cigarettes	13.0	36.3	28.3	20.4	2.0

TABLE 14-4

Trends in Proportions of Friends Using Drugs

(Entries are percentages)

Q. How many of your friends would you estimate...	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	'82-'83 change
Smoke marijuana										
% saying none	17.0	17.1	14.1	13.9	12.4	13.6	17.0	15.6	19.7	+4.1sss
% saying most or all	30.3	30.6	32.3	35.3	35.5	31.3	27.7	23.8	21.7	-2.1
Use inhalants										
% saying none	75.7	81.4	81.1	80.0	80.9	82.2	83.5	81.6	83.9	+2.3s
% saying most or all	1.1	1.1	1.0	1.1	1.1	1.2	0.9	1.3	1.1	-0.2
Use nitrites										
% saying none	NA	NA	NA	NA	78.4	81.0	82.6	82.5	85.5	+3.0ss
% saying most or all	NA	NA	NA	NA	1.9	1.3	1.2	0.9	0.7	-0.2
Take LSD										
% saying none	63.5	69.4	68.1	70.1	71.1	71.9	71.5	72.2	76.0	+3.8ss
% saying most or all	2.7	2.8	3.0	2.0	1.9	1.8	2.2	2.4	1.4	-1.0s
Take other psychedelics										
% saying none	58.8	69.7	68.6	70.8	71.8	71.8	73.7	74.4	77.9	+3.5ss
% saying most or all	4.7	3.0	2.8	2.0	2.2	2.2	2.1	1.9	1.6	-0.3
Take PCP										
% saying none	NA	NA	NA	NA	72.2	77.8	82.8	82.7	85.8	+3.1ss
% saying most or all	NA	NA	NA	NA	1.7	1.6	0.9	0.9	1.1	+0.2
Take cocaine										
% saying none	66.4	71.2	69.9	66.8	61.1	58.4	59.9	59.3	62.4	+3.1s
% saying most or all	3.4	3.2	3.6	4.0	6.0	6.1	6.3	4.9	5.1	+0.2
Take heroin										
% saying none	84.8	86.4	87.1	85.7	87.1	87.0	87.5	86.8	88.0	+2.0s
% saying most or all	0.7	0.8	0.7	0.9	0.5	1.0	0.5	0.7	0.8	+0.1
Take other narcotics										
% saying none	71.2	75.9	76.3	76.8	76.9	77.6	76.9	76.1	79.2	+3.1s
% saying most or all	2.1	2.2	1.7	1.4	1.5	1.7	1.5	1.4	1.4	0.0
Take amphetamines										
% saying none	49.0	57.8	58.7	59.3	59.3	56.1	51.2	49.4	53.9	+4.5ss
% saying most or all	5.9	5.6	4.1	4.7	4.3	4.8	6.4	5.4	5.1	-0.3
Take barbiturates										
% saying none	55.0	63.7	65.3	67.5	69.3	69.5	68.9	68.7	71.7	+3.0s
% saying most or all	4.3	3.5	3.0	2.3	2.1	2.6	2.1	1.8	1.7	-0.1

(Table continued on next page)

BEST COPY AVAILABLE

TABLE 14-4 (cont.)

Trends in Proportions of Friends Using Drugs

(Entries are percentages)

Q. How many of your friends would you estimate...	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class off 1982	Class of 1983	'82-'83 change
Take quaaludes										
% saying none	68.3	73.0	71.7	73.0	72.3	67.5	65.0	64.5	70.3	+5.8sss
% saying most or all	3.0	1.8	2.9	2.2	2.8	3.6	3.6	2.6	2.6	0.0
Take tranquilizers										
% saying none	54.4	63.7	62.2	65.2	68.0	70.3	70.5	70.1	73.3	+3.2s
% saying most or all	3.5	3.1	2.7	1.8	2.0	1.9	1.4	1.1	1.2	+0.1
Drink alcoholic beverages										
% saying none	3.3	4.9	5.6	5.1	4.6	3.9	5.3	4.3	4.5	+0.2
% saying most or all	68.4	64.7	66.2	68.9	68.5	68.9	67.7	69.7	69.0	-0.7
Get drunk at least once a week										
% saying none	17.6	19.3	19.0	18.0	16.7	16.9	18.2	16.9	16.1	-0.8
% saying most or all	30.1	26.6	27.6	30.2	32.0	30.1	29.4	29.9	31.0	+1.1
Smoke cigarettes										
% saying none	4.8	6.3	6.3	6.9	7.9	9.4	11.5	11.7	13.0	+1.3
% saying most or all	41.5	36.7	33.9	32.2	28.6	23.3	22.4	24.1	22.4	-1.7
Approx. N =	(2640)	(2929)	(3184)	(3247)	(2933)	(2987)	(3307)	(3303)	(3095)	

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

NA indicates data not available.

BEST COPY AVAILABLE

TABLE 14-5

Friends' Use of Selected Drugs by Subgroups, Class of 1983

		Percent saying most or all[a] of friends. . .			
	Number of cases	Smoke marijuana	Drink alcoholic beverages	Get drunk at least once a week	Smoke cigarettes
All seniors	3095	21.7	69.0	31.0	22.4
Sex:					
Male	1488	22.6	72.6	34.9	20.7
Female	1538	20.6	65.4	27.1	23.7
College Plans:					
None or under 4 yrs	1241	27.5	70.5	35.7	31.3
Complete 4 yrs	1746	18.2	68.3	27.6	16.1
Region:					
Northeast	693	30.3	74.8	37.3	27.7
North Central	926	19.2	72.9	33.1	23.5
South	981	17.2	63.7	29.0	20.4
West	495	23.2	64.2	22.1	16.9
Population Density:					
Large SMSA	766	26.1	68.2	29.0	24.5
Other SMSA	1289	23.0	68.8	32.5	20.5
Non-SMSA	1041	16.9	69.8	30.6	23.1

NOTE: See Appendix D for definition of variables.

[a] Answer alternatives were: (1) None, (2) A few, (3) Some, (4) Most, and (5) All. Percentages are shown for categories (4) and (5) combined.

TABLE 14-6

Exposure to Drug Use, Class of 1983

(Approximate N = 3334)

Q. During the LAST 12 MONTHS, how often have you been around people who were taking each of the following to get high or for "kicks"?	Percent saying. . .			
	Not at all	Once or twice	Occasionally	Often
Marijuana (pot, grass) or hashish	23.8	24.1	25.9	26.1
LSD	86.2	8.8	3.7	1.4
Other psychedelics (mescaline, peyote, PCP, etc.)	86.9	8.6	3.3	1.1
Cocaine ("coke")	66.7	18.7	9.4	5.2
Heroin (smack, horse)	94.9	3.6	0.9	0.7
Other narcotics (methadone, opium, codeine, paregoric, etc.)	82.7	12.0	3.1	2.2
Amphetamines (uppers, pep pills, bennies, speed)	53.9	21.4	14.7	10.1
Barbiturates (downers, goofballs, reds, yellows, etc.)	77.5	13.3	6.2	3.0
Tranquilizers (Librium, Valium, Miltown)	76.5	14.4	6.1	2.9
Alcoholic beverages (beer, wine, liquor)	6.0	9.8	24.0	60.2

TABLE 14-7

Trends in Exposure to Drug Use

(Entries are percentages)

Q. During the LAST 12 MONTHS how often have you been around people who were taking each of the following to get high or for "kicks"?	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	'82-'83 change
Marijuana										
% saying not at all	NA	20.5	19.0	17.3	17.0	18.0	19.8	22.1	23.8	+1.7
% saying often	NA	32.5	37.0	39.0	38.9	33.8	33.1	28.0	26.1	-1.9
LSD										
% saying not at all	NA	78.8	80.0	81.9	81.9	82.8	82.6	83.9	86.2	+2.3s
% saying often	NA	2.2	2.0	1.8	2.0	1.4	2.0	1.9	1.4	-0.5
Other psychedelics										
% saying not at all	NA	76.5	76.7	76.7	77.6	79.6	82.4	83.2	86.9	+3.7sss
% saying often	NA	3.1	3.2	2.9	2.2	2.2	2.0	2.6	1.1	1.5sss
Cocaine										
% saying not at all	NA	77.0	73.4	69.8	64.0	62.3	63.7	65.1	66.7	+1.6
% saying often	NA	3.0	3.7	4.6	6.8	5.9	6.6	6.6	5.2	-1.4s
Heroin										
% saying not at all	NA	91.4	90.3	91.8	92.4	92.6	93.4	92.9	94.9	+2.0ss
% saying often	NA	0.8	1.1	0.9	0.7	0.4	0.6	1.0	0.7	-0.3
Other narcotics										
% saying not at all	NA	81.9	81.3	81.8	82.0	80.4	82.5	81.5	82.7	+1.2
% saying often	NA	1.8	2.4	2.0	1.7	1.7	1.7	2.4	2.2	-0.2
Amphetamines										
% saying not at all	NA	59.6	60.3	60.9	58.1	59.2	50.5	49.8	53.9	+4.1ss
% saying often	NA	6.8	7.9	6.7	7.4	8.3	12.1	12.3	10.1	-2.2s
Barbiturates										
% saying not at all	NA	69.0	70.0	73.5	73.6	74.8	74.1	74.3	77.5	+3.2s
% saying often	NA	4.5	5.0	3.4	3.3	3.4	4.0	4.3	3.0	-1.3s
Tranquilizers										
% saying not at all	NA	67.7	66.0	67.5	67.5	70.9	71.0	73.4	76.5	+3.1s
% saying often	NA	5.5	6.3	4.9	4.3	3.2	4.2	3.5	2.9	-0.6
Alcoholic beverages										
% saying not at all	NA	6.0	5.6	5.5	5.2	5.3	6.0	6.0	6.0	0.0
% saying often	NA	57.1	60.8	60.8	61.2	60.2	61.0	59.3	60.2	+0.9
Approx. N =	(NA)	(3249)	(3579)	(3682)	(3253)	(3259)	(3608)	(3645)	(3334)	

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

NA indicates data not available.

BEST COPY AVAILABLE

TABLE 14-8

Trends in Reported Availability of Drugs

Q. *How difficult do you think it would be for you to get each of the following types of drugs, if you wanted some?*	Percent saying drug would be "Fairly easy" or "Very easy" for them to get[a]									
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	'82-'83 change
Marijuana	87.8	87.4	87.9	87.8	90.1	89.0	89.2	88.5	86.2	-2.3s
LSD	46.2	37.4	34.5	32.2	34.2	35.3	35.0	34.2	30.9	-3.3s
Some other psychedelic	47.8	35.7	33.8	33.8	34.6	35.0	32.7	30.6	26.6	-4.0ss
Cocaine	37.0	34.0	33.0	37.8	45.5	47.9	47.5	47.4	43.1	-4.3ss
Heroin	24.2	18.4	17.9	16.4	18.9	21.2	19.2	20.8	19.3	-1.5
Some other narcotic (including methadone)	34.5	26.9	27.8	26.1	28.7	29.4	29.6	30.4	30.0	-0.4
Amphetamines	67.8	61.8	58.1	58.5	59.9	61.3	69.5	70.8	68.5	-2.3
Barbiturates	60.0	54.4	52.4	50.6	49.8	49.1	54.9	55.2	52.5	-2.7
Tranquilizers	71.8	65.5	64.9	64.3	61.4	59.1	60.8	58.9	55.3	-3.6s
Approx. N =	(2627)	(3163)	(3562)	(3598)	(3172)	(3240)	(3578)	(3602)	(3385)	

NOTE: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

[a] Answer alternatives were: (1) Probably impossible, (2) Very difficult, (3) Fairly difficult, (4) Fairly easy, and (5) Very easy.

BEST COPY AVAILABLE

TABLE 14-9

Trends in Perceived Availability of Each Drug as Reported by Recent Users of that Drug[a]

Q. How difficult do you think it would be for you to get each of the following types of drugs, if you wanted some?	Number of Cases	Percent saying drug would be "Fairly easy" or "Very easy" for them to get[b]									'82-'83 change
		Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	
Marijuana	1408	97.7	98.6	98.2	97.8	97.2	97.9	97.6	98.4	96.3	-2.1ss
LSD	203	77.1	66.4	55.6	52.6	69.8	71.6	73.0	73.4	67.2	-6.2
Some other psychedelic	146	79.0	71.1	68.3	74.9	70.3	80.3	77.2	76.5	72.9	-3.6
Cocaine	409	72.2	69.8	68.9	80.2	83.0	85.9	87.0	85.1	80.3	-4.8
Heroin	25	56.5	66.9	53.0	47.0	67.5	49.1	58.2	52.1	42.7	-9.4
Some other narcotic (including methadone)	174	67.4	56.0	56.2	56.7	58.7	61.0	61.5	64.3	66.1	+1.8
Amphetamines	696	92.5	86.4	84.7	87.6	87.2	86.0	92.5	92.1	91.7	-0.4
Barbiturates	198	81.9	82.9	79.0	83.0	81.2	83.9	83.3	87.5	85.8	-1.7
Tranquilizers	241	89.3	83.0	84.4	84.0	78.0	81.6	71.9	77.8	79.1	+1.3

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

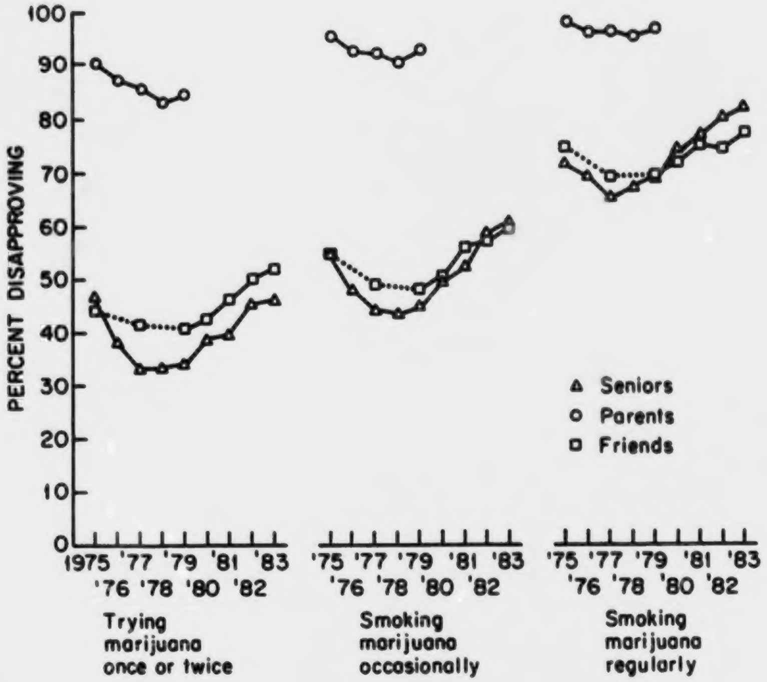
[a] This question is asked in one form only; figures are based on all respondents who report use of the drug in the prior twelve months.

[b] Answer alternatives were: (1) Probably impossible, (2) Very difficult, (3) Fairly difficult, (4) Fairly easy, and (5) Very easy.

BEST COPY AVAILABLE

FIGURE 14-1

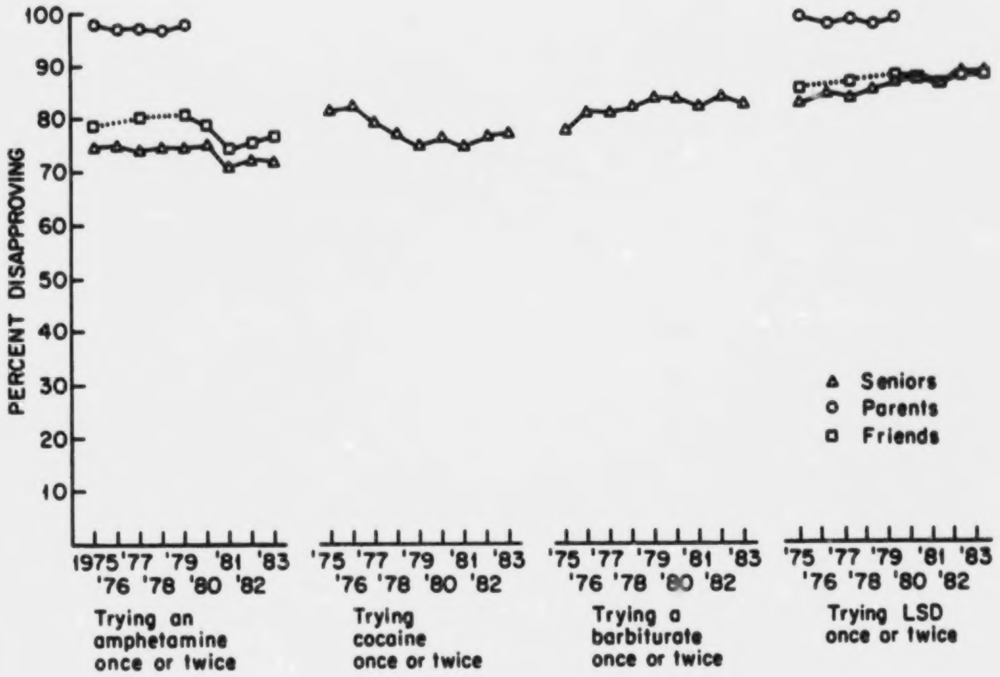
Trends in Disapproval of Illicit Drug Use
Seniors, Parents, and Peers



NOTE: Points connected by dotted lines have been adjusted because of lack of comparability of question-context among administrations. (See text for discussion.)

FIGURE 14-1 (cont.)

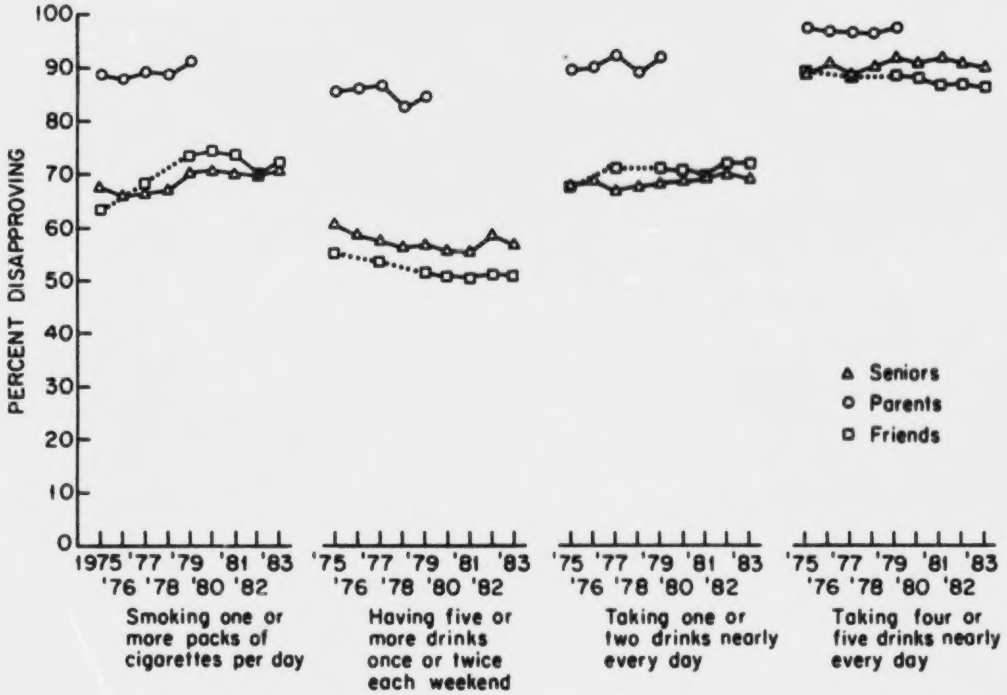
Trends in Disapproval of Illicit Drug Use
Seniors, Parents, and Peers



NOTE: Points connected by dotted lines have been adjusted because of lack of comparability of question-context among administrations. (See text for discussion.)

FIGURE 14-2

Trends in Disapproval of Licit Drug Use
Seniors, Parents, and Peers



NOTE: Points connected by dotted lines have been adjusted because of lack of comparability of question-context among administrations. (See text for discussion.)

FIGURE 14-3

Proportion of Friends Using Each Drug as Estimated by Seniors, in 1983

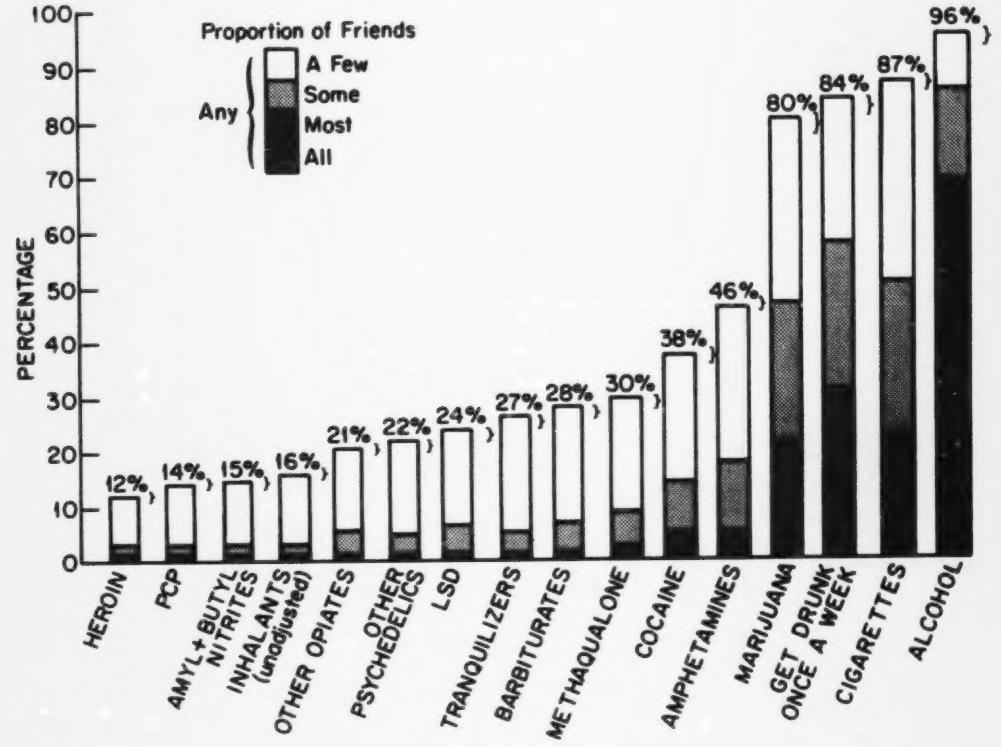
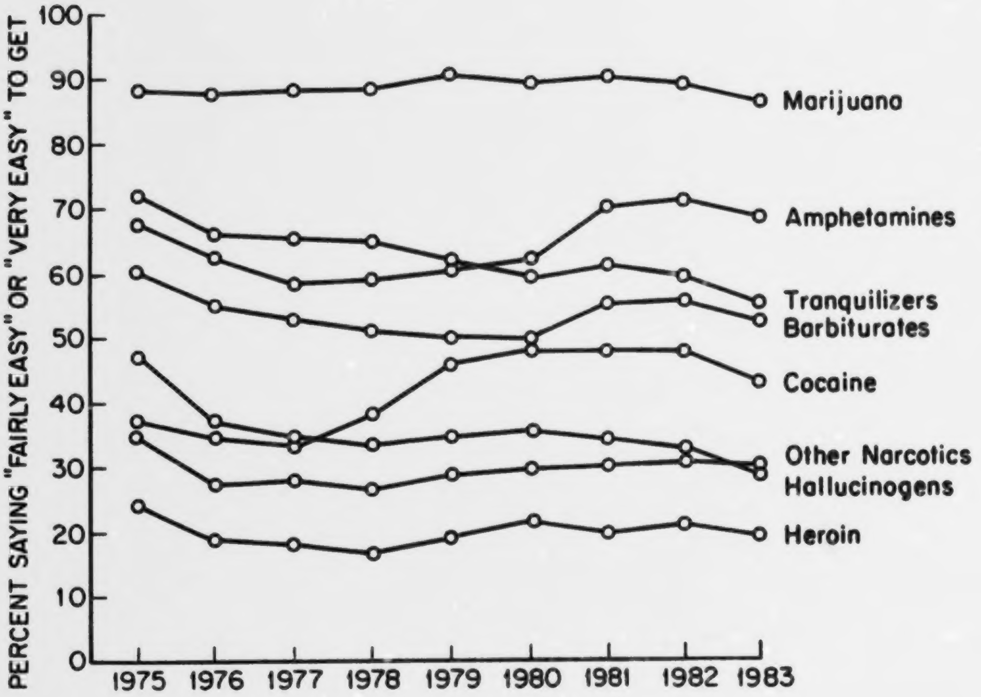


FIGURE 14-4

Trends in Perceived Availability of Drugs



V. Other Recent Findings From The Study

Each year we present additional recent findings from the Monitoring the Future study in this section. Sometimes these have been published elsewhere; however, the two sections included here—on the use of non-prescription stimulants and daily marijuana use—represent original analyses.

The Use of Non-Prescription Stimulants

As is discussed elsewhere in this report, between 1979 and 1981 we observed a substantial increase in reported stimulant use by high school students. We had reason to believe that a fair part of that increase was attributable to non-prescription stimulants of two general types—"look-alike" drugs (pseudo-amphetamines, usually sold by mail order, which look like, and have names which sound like, real amphetamines) and over-the-counter stimulants (primarily diet pills and stay-awake pills). These drugs usually contain caffeine, ephedrine, and/or phenylpropanolamine as their active ingredients.

In the 1982 survey we introduced new questions on some questionnaire forms in order to more accurately assess the use of amphetamines as well as to assess the use of the "look-alikes," diet pills, and stay-awake pills of the non-prescription variety. For example, on one of the five questionnaire forms respondents were asked to indicate on how many occasions (if any) they had taken non-prescription diet pills such as Dietac, Dexatrim, and Prolamine (a) in their lifetime, (b) in the prior twelve months, and (c) in the prior thirty days. (These correspond to the standard usage questions asked for all drugs.) Similar questions were asked about non-prescription stay-awake pills (such as No-Doz, Vivarin, Wake, and Caffedrine) and the "look-alike" stimulants. (The latter were described at some length in the actual question.)

On three of the five questionnaire forms respondents were also asked about their use of prescription amphetamines, with very explicit instructions to exclude the use of over-the-counter and "look-alike" drugs. These questions yielded the data described in this volume as "stimulants, adjusted." Here we will refer to them as "amphetamines, adjusted," to distinguish them more clearly from the non-amphetamine stimulants.

Prevalence of Use in 1983	Table(s)
• Table 1 gives the prevalence levels for these various classes of stimulants. As can be seen, a substantial proportion of students (31%) have used over-the-counter diet pills and 10% have used them in just the past month. Some 1.0% are using them daily.	1
• Very similar proportions are using actual amphetamines (adjusted): 27% lifetime, 9% monthly, and 0.8% daily prevalence.	1-6,1-8,1-9
• Only about half as many students are knowingly using the "look-alikes" as are using diet pills or amphetamines (adjusted): 15% lifetime, 5% monthly, and 0.4% daily prevalence. Of course, it is	1

TABLE V-1

Various Stimulants: Trends in Lifetime, Annual, and 30-Day Prevalence by Sex

	Diet Pills			Stay-Awake Pills			Look-Alikes		
	Class of 1982	Class of 1983	'82-'83 change	Class of 1982	Class of 1983	'82-'83 change	Class of 1982	Class of 1983	'82-'83 change
Lifetime Prevalence									
Total	29.6	31.4	+1.8	19.1	20.4	+1.3	15.1	14.8	-0.3
Males	16.5	17.4	+0.9	20.2	22.3	+2.1	13.6	14.2	+0.6
Females	42.2	44.8	+2.6	16.9	18.2	+1.3	15.1	14.4	-0.7
Annual Prevalence									
Total	20.5	20.5	0.0	11.8	12.3	+0.5	10.8	9.4	-1.4
Males	10.7	10.6	-0.1	12.8	13.8	+1.0	9.5	9.2	-0.3
Females	29.5	30.0	+0.5	10.0	10.5	+0.5	10.7	8.6	-2.1
30-Day Prevalence									
Total	9.8	9.5	-0.3	5.5	5.3	-0.2	5.6	5.2	-0.4
Males	5.0	4.9	-0.1	6.0	5.5	-0.5	4.9	4.5	-0.4
Females	14.0	13.7	-0.3	4.7	4.5	-0.2	5.2	5.4	+0.2

NOTE: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

probable that some proportion of those who think they are getting real amphetamines have actually been sold "look-alikes," which are far cheaper for drug dealers to purchase.

- Stay-awake pills have also been used by a fair number of students: 20% lifetime, 5% monthly, and 0.3% daily prevalence. 1

- The revised questions on amphetamine use yielded prevalence estimates in 1983 which were about one-quarter to one-third lower than the original version of the question, indicating that the distortion in the recent unadjusted estimates was due to the inclusion of some non-prescription stimulant use. 1-6,1-7, 1-8,1-9

Subgroup Differences

- Figure 1 shows the prevalence figures for these drug classes for males and females separately. It can be seen that the use of diet pills is dramatically higher among females than among males. In fact, the absolute prevalence levels for females are impressively high, with some 45% reporting some experience with them and 14%—or one in every seven females—reporting use in just the last month. For all other stimulants the prevalence rates for both sexes are fairly close. Fig 1

- A similar comparison for those planning four years of college (referred to here as the "college-bound"), and those who are not, shows some differences as well (data not shown). As is true for the controlled substances, use of the "look-alikes" is lower among the college-bound. For example, the annual prevalence figures for the college-bound vs. the non-college-bound respectively are 6% vs. 12% for the "look-alikes".

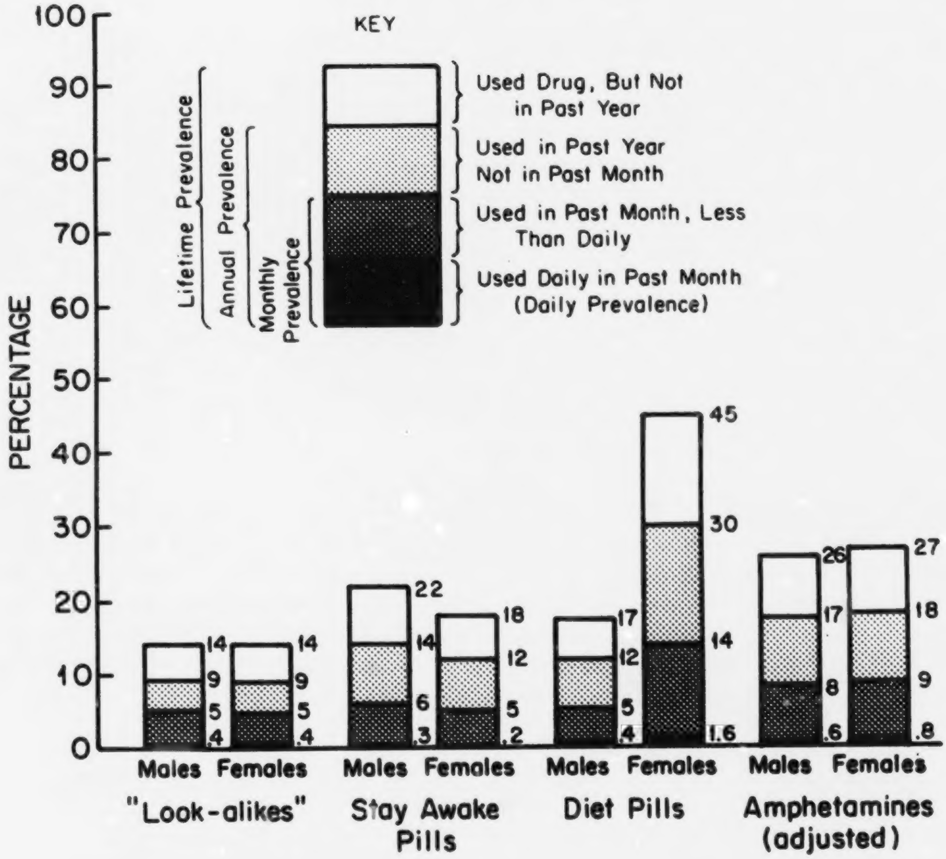
  There are smaller differences in use of diet pills; annual prevalence is 19% for the college-bound and 21% for the non-college-bound. Use of stay-awake pills is actually slightly higher for the college-bound: annual prevalence is 13% vs. 11% for the non-college-bound.

- There are not any dramatic regional differences in the use of the non-prescription stimulants, although the North Central region does tend to have the highest levels, particularly for "look-alike" use (data not shown). The annual prevalence for the "look-alikes" is 12% in the North Central vs. 9% in the Northeast, and 8% in the South and West. The "stay-awake" pills are also used most widely in the North Central (with an annual prevalence of 17% vs. 12% in the West, 11% in the South, and 10% in the Northeast).

- The use of all of the non-prescription stimulants (i.e., diet pills, stay-awake pills, and "look-alikes") is substantially higher among those who have had experience with the use of illicit drugs than among those who have not, and highest among those who have become most involved with illicit drugs (data not shown). Less than 1% (0.9%) of those who have abstained from any illicit drug use report ever using a "look-alike" stimulant.

FIGURE V-1

Prevalence and Recency of Use, by Sex
Amphetamines and Non-Prescription Stimulants, Class of 1983



Trends in Use

	Table(s)
• Because these questions were new in 1982, trends can be directly assessed for only a one-year interval.	
• However, it is worth noting that the 1982 and 1983 figures for amphetamines (adjusted) are higher than the unadjusted figures for all years prior to 1981. This suggests that there was indeed an increase in amphetamine use between 1979 and 1981—or at least an increase in what, to the best of the respondent's knowledge, were amphetamines.	1-6,1-7, 1-8,1-9
• In recent years, there have been increased legislative and law enforcement efforts to curb the manufacture and distribution of "look-alike" pills. Perhaps as a result, the use of these pills decreased slightly (though not statistically significantly) from 1982 to 1983; for example, annual prevalence went from 10.8% to 9.4%.	1
• Use of both classes of over-the-counter stimulants showed a slight increase in lifetime prevalence, no change in annual prevalence, and a very slight drop in monthly prevalence, perhaps reflecting a very recent increased rate of quitting.	1
• Subgroup differences in trends for the most part reflect the overall trends.	1

The Use of Marijuana on a Daily Basis

In past reports in this series, we summarized a number of findings regarding daily marijuana users, including what kind of people they are, how use changes after high school for different subgroups, and what daily users see to be the negative consequences of their use.* In 1982 a special question segment was introduced into the study in one of the five questionnaire forms in order to secure more detailed measurement of individual patterns of daily use. More specifically, respondents were asked (a) whether if at any time during their lives they had ever used marijuana on a daily or near-daily basis for at least a month and, if so, (b) how recently they had done that, (c) when they first had done it, and (d) how many total months they had smoked marijuana daily, cumulating over their whole lifetime.

Lifetime Prevalence of Daily Use

• Current daily use, defined as use on twenty or more occasions in the past thirty days, has been fluctuating widely over the past	1-9

---

*For the original reports see the following, which are available from the author: L. Johnston, "The Daily Marijuana User," paper delivered at the first annual meeting of the National Alcohol and Drug Coalition, Washington, D.C. September 18, 1980; and L. Johnston, "A review and Analysis of Recent Changes in Marijuana Use by American Young People" and "Frequent Marijuana Use: Correlates, possible effects, and reasons for using and quitting," papers delivered to conferences of the American Council on Marijuana on December 4 and May 4, 1981, respectively.

eight years, as we know from the trend data presented earlier in this report. It rose from 6.0% among seniors in 1975 to 10.7% in 1978, then down to 5.5% in 1983.

- 2,1-9 For the Classes of 1982 and 1983, we have found the lifetime prevalence of daily use for a month or more to be far higher than current daily use—e.g., at 16.8% or one in every six seniors in 1983. In other words, the proportion who describe themselves as having been daily or near-daily users at some time in their lives, is three times as high as the number of current daily users. However, we believe it very likely that this ratio has changed dramatically over the life of the study as a result of the large secular trends in daily use. Therefore, it would be inaccurate to extrapolate to the Class of 1978, for example, and deduce that their lifetime prevalence of daily use was three times their 10.7% current use figure. (An investigation of data from a follow-up panel of the Class of 1978 confirms this assertion.)

  Utilizing data collected in 1983 from follow-up panels from the earlier graduating Classes of 1976 through 1982, we find that the lifetime prevalence of daily marijuana use for these recent graduates (ranging in age from about 19 to 25) is 24%.

Grade of First Daily Use

- 3 Of those seniors who were daily users at some time, almost two-thirds (66%, or 11% of all seniors) began that pattern of use before tenth grade. However, the secular trends in daily use must be recalled. Active daily use reached its peak among seniors in 1978, when this 1983 graduating class was in seventh grade. Thus we are confident that different graduating classes show different age-associated patterns.

- 2 By the end of grade ten nearly all who were to become daily users by the end of high school had done so (85% of the eventual daily users). The percentages of all daily users who started use in each grade level is presented in Table 2.

Recency of Daily Use

- 2 Nearly two-thirds (64%) of those who report ever having been daily marijuana users (for at least a one month interval) have smoked that frequently in the past year to year-and-a-half, while one-third (36% of them say they last used that frequently "about two years ago" or longer. On the other hand, only 28% of all users (or 4.7% of the entire sample) say they have used daily or almost daily in the past month (the period for which we define current daily users). The fact that only 4.7% of the entire sample report themselves to be current daily users, versus the 5.5% estimate given earlier in this report, suggests that some students have a more stringent definition of "daily or near-daily use" than the operational one used in this report (i.e., use on twenty or more occasions during the past month).

TABLE V-2

Responses to Selected Questions on Daily Marijuana Use by Subgroup

	Total	Sex		4-year college plans		Region				Urbanicity		
		M	F	Yes	No	NE	NC	S	W	Large urban	Other urban	Non-urban
How old were you when you first smoked marijuana or hashish that frequently?												
Grade 6 or earlier	1.7	2.1	0.6	1.0	1.5	2.1	1.6	1.2	2.6	2.5	1.2	1.8
Grade 7 or 8	5.8	6.8	3.7	3.4	6.9	6.7	6.4	4.0	6.9	7.8	6.1	3.9
Grade 9 (Freshman)	3.6	3.2	4.0	2.1	5.1	3.1	4.4	3.1	4.4	3.4	4.7	2.5
Grade 10 (Sophomore)	3.2	3.2	3.1	1.7	4.5	3.9	2.0	2.7	4.8	3.4	3.8	2.0
Grade 11 (Junior)	2.0	2.0	1.9	1.7	2.2	4.0	1.3	1.1	2.4	2.7	1.8	1.9
Grade 12 (Senior)	0.5	0.8	0.1	0.6	0.1	0.7	0.1	0.7	0.2	0.2	0.6	0.6
Never used daily	83.2	81.9	86.5	89.5	79.7	79.6	84.1	87.3	78.6	80.0	81.8	87.4
N =	(3340)	(1573)	(1623)	(1772)	(1208)	(770)	(955)	(1087)	(527)	(849)	(1387)	(1104)
How recently did you use marijuana or hashish on a daily, or almost daily, basis for at least a month?												
During the past month	4.7	5.8	2.7	1.9	6.3	6.1	3.9	4.2	5.2	6.4	4.6	3.5
2 months ago	1.3	1.5	0.7	1.3	0.9	1.6	1.2	0.8	1.7	1.6	1.2	1.1
3 to 9 months ago	2.3	2.3	2.0	1.0	3.4	2.0	2.6	2.2	2.4	1.3	2.7	2.5
About 1 year ago	2.5	2.5	2.6	2.0	3.0	3.3	2.0	2.4	2.6	2.9	2.9	1.9
About 2 years ago	3.6	3.5	3.6	2.3	4.6	4.5	3.6	1.6	6.5	4.9	4.0	2.2
3 or more years ago	2.4	2.6	2.0	2.0	2.1	2.9	2.5	1.5	3.1	3.0	2.7	1.4
Never used daily	83.2	81.9	86.5	89.5	79.7	79.6	84.1	87.3	78.6	80.0	81.8	87.4
N =	(3330)	(1571)	(1619)	(1770)	(1204)	(766)	(952)	(1087)	(524)	(846)	(1382)	(1103)
Over your whole lifetime, during how many months have you used marijuana or hashish on a daily or near-daily basis?												
Less than 3 months	4.7	4.7	4.7	3.7	5.2	5.7	4.8	2.7	6.8	5.1	5.1	3.7
3 to 9 months	3.3	3.8	2.5	2.2	4.3	4.6	2.3	2.5	5.4	5.1	3.1	2.5
About 1 year	1.9	1.7	1.8	1.1	2.7	2.2	2.0	2.1	1.0	2.0	2.1	1.5
About 1 and ½ years	0.9	1.0	0.7	0.6	0.9	0.5	0.9	0.9	1.4	0.7	1.2	0.7
About 2 years	2.4	3.0	1.2	1.4	3.1	2.7	2.6	1.6	2.8	2.9	3.0	1.1
About 3 to 5 years	3.0	3.3	1.9	1.4	3.2	4.2	3.0	2.4	2.7	3.5	3.1	2.4
6 or more years	0.6	0.5	0.6	0.1	0.9	0.5	0.3	0.5	1.3	0.6	0.4	0.8
Never used daily	83.2	81.9	86.5	89.5	79.7	79.6	84.1	87.3	78.6	80.0	81.8	87.4
N =	(3334)	(1570)	(1623)	(1771)	(1206)	(768)	(953)	(1086)	(527)	(845)	(1387)	(1103)

NOTE: Entries are percentages which sum vertically to 100%.

BEST COPY AVAILABLE

Duration of Daily Use

Table(s)

- It seems likely that the most serious long-term health consequences associated with marijuana use will be directly related to the duration of heavy use. Thus a question was introduced which asks the cumulative number of months the student has smoked marijuana daily or nearly daily. While hardly an adequate measure of the many different possible cross-time patterns of use—a number of which may eventually prove to be important—it does provide a gross measure of the total length of exposure to heavy use.

- Table 2 gives the distribution of answers to this question. It shows that almost two-thirds (59%) of those with daily use experience have used "about one year" or less cumulatively—at least by the end of twelfth grade. In fact, over one-fourth (28%) have used less than three months cumulatively. 2

- On the other hand, one-third (36%, or 6% of all seniors) have used "about two years" or more cumulatively on a daily or near-daily basis. 2

Subgroup Differences

- There is some sex-difference in the proportion having ever been a daily user—18% for males and 14% for females—and there is also some difference in their age at onset, with the males tending to start earlier on the average. And, among the daily users, the cumulative duration of use is distinctly longer for the males, which accounts for the large male-female difference in current daily use. 3

- Whether or not the student has college plans is strongly related to lifetime prevalence of daily use, as well as to current prevalence. Of those planning four years of college, 11% had used daily compared with 20% of those without such plans. And the college-bound users show a distinctly shorter cumulative duration of use, with a lower proportion of them still using daily. Nevertheless, among those in each group who did use daily, the age-at-onset pattern is fairly similar. 3

- There are some large regional differences in lifetime prevalence of daily use. The West and Northeast are highest, with 20% to 21% having used daily at some time, the South lowest with 13%, and the North Central is in the middle—at 16%. 3

- The subgroup differences associated with urbanicity are likewise similar to those found for current daily use. Lifetime prevalence of daily marijuana use is 20% in the large cities, 18% in the smaller cities, and 13% in the non-urban areas. 3,2-10

BEST COPY AVAILABLE

TABLE V-3

Trends in Daily Use of Marijuana in Lifetime by Subgroups

	Percent ever used			Percent reporting first use prior to tenth grade		
	Class of 1982	Class of 1983	'82-'83 change	Class of 1982	Class of 1983	'82-'83 change
All seniors	20.5	16.8	-3.7ss	13.1	11.1	-2.0s
Sex:						
Male	20.1	18.1	-2.0	12.9	12.1	-0.8
Female	18.0	13.5	-4.5ss	11.5	8.3	-3.2s
College Plans:						
None or under 4 yrs	22.5	20.3	-2.2	14.2	13.5	-0.7
Complete 4 yrs	13.8	10.5	-3.3s	8.2	6.5	-1.7
Region:						
Northeast	25.1	20.4	-4.7	17.3	11.9	-5.4s
North Central	21.1	15.9	-5.2s	13.3	12.4	-0.9
South	15.7	12.7	-3.0	9.3	8.3	-1.0
West	20.8	21.4	+0.6	12.6	13.9	+1.3
Population Density:						
Large SMSA	23.8	20.0	-3.8	15.6	13.7	-1.9
Other SMSA	20.3	18.2	-2.1	12.5	12.0	-0.5
Non-SMSA	17.9	12.6	-5.3ss	11.7	8.2	-3.5s

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Trends in the Use of Marijuana on a Daily Basis

	Table(s)
• Compared to the class of 1982, significantly fewer seniors in the class of 1983 describe themselves as having been daily or near daily users of marijuana at some time in their lives (21% vs. 17%) (Table 3).	3
• The decline is stronger among females (from 18% in 1982 to 14% in 1983) than among males (20% to 18%).	3
• Both the college-bound and non-college-bound groups declined between 1982 and 1983.	3
• Of the four regions, only the West did not show any decline; it was unchanged at 21%. The Northeast declined from 25% to 20%, the North Central region dropped from 21% to 16%, and the South went from 16% to 13%.	3
• All three population density levels showed declines.	3
• The trends in daily use of marijuana at earlier grade levels parallel very closely the trends in lifetime prevalence (see Table 3).	3

Other Data on Correlates and Trends

Hundreds of correlates of drug use, without accompanying interpretation, may be found in the series of annual volumes from the study entitled Monitoring the Future: Questionnaire Responses from the Nation's High School Students.* For each year since 1975, a separate hardbound volume presents univariate and selected bivariate distributions on all questions contained in the study. Many variables dealing explicitly with drugs—variables not discussed here—are contained in that series; and bivariate tables are provided for all questions each year distributed against an index of lifetime illicit drug involvement. A special cross-time reference index is contained in each volume to facilitate locating the same question across different years. One can thus derive trend data on some 1500 to 2000 variables for the entire sample, or for important sub-groups (based on sex, race, region, college plans, or drug involvement).

---

*This series is available from the Publications Division, Institute for Social Research, The University of Michigan, Ann Arbor, Michigan 48109.

Appendix A

REPRESENTATIVENESS AND VALIDITY

As discussed in the Introduction to this report, the data reported herein are intended to be representative of high school seniors throughout the 48 coterminous states. Four factors were noted which could render the data less than fully accurate: (1) some schools which are sampled fail to participate; (2) some students who are sampled fail to participate; (3) the answers of some participating students may be distorted; and (4) the sample selected may not be truly representative of the total population. The effects of this last factor can be estimated statistically; in Appendix B the estimates are presented and discussed. The possible effects of the other three factors, however, are not amenable to such precise quantification; rather, their effects are more matters of informed judgment. In the following sections we discuss and offer our judgments on each, elaborating on the facts which underlie our inferences.

School Participation

The study is designed in such a way that each year (after the first), the sample of schools consists of half participating for the first time, and half participating for the second time. Of the 128 schools initially selected in 1975, we eventually secured cooperation and collected data from 102. This represents a participation rate of 79% for the half-sample invited to participate for two years, and 81% for the half-sample invited to participate for only one. For the remaining 26 schools, whose cooperation was not secured, substitute schools were selected to match closely the nonparticipating schools according to their goodness of fit on several criteria. These substitute schools were from the same geographic areas, from similar neighborhoods, and of similar size and racial composition. In the event of a refusal by the substitute school, a second (and if necessary, a third or fourth) substitute school was selected and invited to participate. Cooperation was obtained from an original or a substitute school in all but one or two instances each year. In the very few cases where no school was obtained, compensatory weighting of the data from similar participating schools was used to improve the population estimates.

In 1976 and subsequent years, participation rates for the new half-samples of schools have ranged from 66% to 80%. Half of the sample in each of these years consisted of repeat schools, schools which had participated in the previous year. The rates of repeat (i.e., second-year) participation range from 95% to 100%. Any schools which dropped out were replaced with substitute schools.

Reasons for Nonparticipation by Schools. Securing the cooperation of selected schools is often a long and arduous process. No school is an isolated unit; each is part of a larger local school district or system. Frequently, approval for a school's participation in the survey is required from some official in addition to the principal of the selected school. In some cases this is the superintendent or, particularly in the larger systems, an official whose approval is required for all research conducted in the system.

Complicating the process is the fact that considerable variation exists in the local laws governing research conducted in schools. School boards, teacher associations, and parent associations all may have a voice in whether or not a school participates.

Efforts to secure cooperation entail letters, telephone calls, and occasionally a personal visit from some member of the survey staff. Most of this personal contact is now being carried out by University of Michigan doctoral students who have had previous experience themselves in school administration, either as superintendents, principals, or other high level administrators.

The standard procedure involves an initial telephone contact with the principal of a selected school after s/he has received a letter of invitation. Many of the refusals come at this point. The reasons most commonly given are that the school objects to using student time for surveys, that the school has already participated in too many surveys that year, that there is some temporary crisis or disruption in the system that year (mandatory integration, a teacher strike, budgetary difficulties), that the necessary people will not approve the survey due to its content, or that they fear adverse parental reaction to a survey dealing with social issues. Often a principal will want, or be required, to obtain approval from another source even if the principal favors participation. The reasons given for refusal at these higher levels tend to be the same as those listed above.

It should be remembered that there is no concrete incentive or reward for a school's participation, other than a promise of future reports from the study. Therefore, the major motivation for most administrators is their desire to contribute to the goals of the research. Given the obstacles of the type listed above which arise from time to time in particular schools, it is not surprising that some decline to participate each year.

Though somewhat of an aside, it may be useful to note the participation rates obtained in other studies of similar populations. The most comparable study was performed for the National Institute on Alcohol Abuse and Alcoholism (Rachal et al., 1980). This study of drinking behavior among youth drew a nationally representative sample of 75 schools with Grades 10 through 12 for questionnaire administrations in 1978. The researchers were able to obtain cooperation from 63% of the original 75 schools.

Another large national study is the National Longitudinal Study of the High School Class of 1972. This study, which did not contain questions about drug use, obtained cooperation from 80% of the initially sampled schools (Fetters, 1975). The Youth in Transition Study samples of high school students, conducted at the Institute for Social Research in 1966, obtained a school participation rate of 81% (Bachman, 1971). Finally, the congressionally mandated Equality of Educational Opportunity study, conducted in 1965, obtained pupil questionnaires and tests from no more than 67% of the sampled high schools (Coleman et al., 1966).

Given the sensitive nature of the questions in the present study, and the increased conservatism of school administrators concerning research (because of the new, poorly understood privacy laws), we feel that the present participation rates are about as good as can be managed in a survey of this type.

Effects of Nonparticipation. It is reasonable to ask whether nonparticipation of some of the originally sampled schools is likely to have a significant effect on the findings. Insofar as population estimates of drug use and attitudes are concerned, the answer depends on two factors: the size of the refusal rate and the similarity of the substitute schools to the original schools they are replacing. With respect to the first factor, only between one-fifth and one-third of the schools are substitutes during any given year. With respect to the second factor, the substitutes are chosen to be similar as possible to the original school. There is no particular reason to expect that the students in schools which refuse are greatly different from those in schools which agree to participate. The reasons for school nonparticipation are based primarily on general policy issues and/or on somewhat happenstance events which are not likely to relate systematically to student drug use. In sum, the school refusal rate is not excessively high compared with other school-based studies, and the substitute schools seem likely to be quite similar to the refusal schools.

There is one additional point to be considered. Insofar as monitoring change is concerned, the effects of school nonparticipation should be minimal. Any systematic biases that might emerge (say, underrepresenting politically conservative districts) should be approximately replicated from year to year, so the trend data should accurately reflect any major changes which might be occurring. A partial check on the adequacy of the sample of schools is to compare trend data based on the total sample with trend data based only on the half-sample which remains constant from one year to the next. Since this half-sample consists of the same set of schools, the trends cannot be affected by schools' participation or refusal. We have examined drug use trend estimates, comparing the data from all schools with the data from only the matched half-samples. These estimates were extremely similar, suggesting that any errors due to sampling of schools is constant.

Student Participation

We are now obtaining useable questionnaires from over 80% of the seniors in our target sample (a figure which, incidentally, compares favorably with most national household surveys these days). While a very few (under 1%) explicitly refuse to complete the questionnaires, most of the non-respondents are absent from school on the day of the administration. (Absentee rates tend to be higher than average in the last third of senior year due to several factors, particularly a higher frequency of extracurricular activities.) Because only one survey administration is conducted in each school (except in cases where the participation rate is less than 70%), students who are absent from class on that day are excluded. Since students with higher absentee rates tend to have higher than average rates of drug use (Kandel, 1975a; Johnston and O'Malley, 1984), missing them is likely to have some effect on drug use estimates.

It is possible to use the absenteeism records of actual respondents in adjusting drug use estimates to correct for absenteeism. The logic of the adjustment is as follows. A student's probability of being administered the questionnaire is inversely proportional to his or her absentee rate. For example, students who are absent about half the time have only a 50% chance of being present on the survey day; but assuming that on any given day a random half of such students are present, their data can be double-weighted to represent the random half who are absent. One need only determine the probability that students who are present on the survey day would be present on any given day, which can be done by asking how many days during the past 20 days (for example) the student was absent. Each student's data can then be weighted by a factor equal to 20/(20 minus the number of days absent). Thus, a student absent zero days would have a weight equal to 1, and a student absent the maximum of 19 days would have a weight equal to 20.

While this method of adjusting for absenteeism has some appeal, we have thus far elected not to incorporate the correction into the data we report. There are several reasons for this decision. First, after we made such adjustments to the drug usage rates using the data on absenteeism, we found that the adjusted figures were only slightly higher than the unadjusted ones. (For example, overall prevalence figures were usually increased by only one-half to 2.7 percent for the various drugs.) The complexity of computing adjusted data did not seem to be justified by such slight changes. Second, the very disparate weights created by this adjustment substantially increase the sampling variance (Kish, 1965, p. 560). Finally, as has been pointed out earlier, this study focuses on trends, and any systematic, consistent errors are not likely to affect trend data. Thus, we conclude that the effects of student nonparticipation on prevalence and trend estimates are minimal and not worth the cost and difficulty of correction.

Validity of Self-Report Data

A basic question in all survey work is the extent to which to believe what respondents say; in this case, what they say about their use of drugs. While there is no direct, objective validation of our self-report measures, a good deal of inferential evidence exists to support their validity:

1. About two-thirds of respondents admit to use of some illicit drug.

2. The empirically based estimates of reliabilities of drug use measures used in this study have proven to be quite high, both in absolute values and relative to other psychometric measures. Reliability estimates for annual use of cigarettes, alcohol, marijuana, and illicits other than marijuana average between .76 and .90 (O'Malley, Bachman, and Johnston, 1983).

3. There are substantial and predictable relationships between self-reported drug use and (1) other behaviors such as academic performance, delinquency, and the self-reported use of licit drugs, and (2) attitudes about drug use. In this study, Bachman, Johnston, and O'Malley (1981) and Bachman, O'Malley, and Johnston (1984) have demonstrated such relationships. In other studies, several authors have demonstrated that self-reported drug use fits in well with theories of substance use. See, for example, Jessor and Jessor (1978), Kandel (1975), Johnston (1973), and the work of Bentler and colleagues (Huba, Wingard, and Bentler, 1979; Wingard, Huba, and Bentler, 1979). In other words, there is considerable empirical evidence of construct validity.

4. The missing data rates on the drug use questions are just about normal for that point in the questionnaire, even though respondents are specifically instructed to leave blank any questions they feel they cannot answer honestly. For all drugs, the rate of missing data runs between 2.0% and 2.6%, while the average amount of missing data for the preceding questions runs about 2.0%, suggesting rather slight underreporting by intentional skipping of questions.

5. Although the longitudinal design of the present study precludes our providing anonymity (wherein respondent names are not asked, as opposed to confidentiality, where responses are kept confidential but names are obtained), the anonymity-confidentiality distinction has made little difference in self-reported drug use rates (Haberman, et al., 1972; Leutgert and Armstrong, 1973; Malvin and Moskowitz, 1983).

6. A number of methodological studies (for example, Petzel, Johnson, and McKillip, 1973) have included fictitious drugs in survey questionnaires. These fictitious drugs have shown very low levels of reported use, indicating that intentional overreporting is likely to be minimal.

7. Studies employing other data collection methods have shown similar prevalence rates of drug use for the same age group (Abelson & Atkinson, 1975; Abelson & Fishburne, 1976; Abelson, Fishburne, and Cisin, 1978; Fishburne, Abelson, & Cisin, 1979; Miller, et al., 1983; and O'Donnell, et al., 1976).

8. A number of studies have compared self-reports of substance use with external sources of information. There are many such external sources including public or private records, reports by others, and biochemical blood, urine, or saliva tests. Generally, results from such studies have been encouraging to those who rely on self-reports (e.g., Akers, et al., 1983; Bauman, Koch, and Bryan, 1982; Cooper, Sobell, Sobell, and Maisto, 1981; Kupetz, Klagsburn, and Wisoff, 1979; Singel, Kandel, and Johnson, 1975; and Sobell, Sobell, and VanderSpek, 1979).

9. There is a very high degree of correspondence in the aggregate level data presented in this report among seniors' self-reports of their own drug use, their reports concerning friends' use, and their own exposure to use. Drug-to-drug comparisons in any given year across these three types of measures tend to be highly parallel, as do the changes from year to year. We take this consistency as additional evidence for the validity of the self-report data, since there should be less reason to distort answers on friends' use, or general exposure to use, than to distort the reporting of one's own use.

While there is almost certainly some degree of underreporting of illicit drug use on self-report surveys, we feel that it is far less than most people intuitively assume. Further, for purposes of monitoring trends across time, a fairly constant degree of underreporting should have almost no effect on trend estimates.

Appendix B

ESTIMATION OF SAMPLING ERRORS

List of Statistical Tables

Table		Page
B-1	Guidelines for Using "Effective N" and Confidence Limit Tables	414
B-2	"Effective N" Values for Percent Using Heroin, or Percent Using Other Opiates	415
B-3	"Effective N" Values for Percent Using any of the Following Drugs: Hallucinogens, Cocaine, Sedatives, Stimulants, Tranquilizers	416
B-4	"Effective N" Values for Percent Using Marihuana	417
B-5	"Effective N" Values for Percent Using Inhalants	418
B-6	"Effective N" Values for Percent Using Alcohol	419
B-7	"Effective N" Values for Percent Using Cigarettes	420
B-8	"Effective N" Values for Use Prior to Tenth Grade (All Drugs)	421
B-9	"Effective N" Values for Thirty-Day Prevalence of Daily Use of Alcohol, Marihuana, and Cigarettes	422
B-10	"Effective N" Values for Additional Variables	423
B-11	Confidence Intervals (95% Confidence Level) Around Percentage Values	424
B-12	Confidence Intervals (95% Confidence Level) for Differences Between Two Percentages	426
B-13	Design Effects Used to Compute "Effective N" Tables for Percent Using Drugs	429
B-14	Design Effects Used to Compute "Effective N" Tables for Use Prior to Tenth Grade and Thirty-Day Prevalence of Daily Use for Marihuana, Alcohol, and Cigarettes	430

The errors possible in an estimate based on a sample survey like the present study can be classified into two categories--sampling and nonsampling. Several possible sources of nonsampling errors have been discussed in Appendix A; in the present appendix we focus on sampling errors.

Sampling errors occur because observations are made only on a sample, not on the entire population under study. There are roughly three million seniors located in more than twenty thousand high schools throughout the coterminous United States. Our samples of about 16,000 to 18,000 seniors clustered in about 125 schools can provide close, but less than perfect, estimates of the responses that would have been obtained if all seniors had been asked to complete the survey questionnaires.

Confidence Intervals and Significant Differences

For any particular percentage resulting from a sample survey we cannot know exactly how much error has resulted from sampling. We can, however, make reasonably good estimates of "confidence intervals"--ranges within which the true population value is very likely to fall. For example, Table 1-1 reports that 59.2% of the seniors sampled from the class of 1978 reported using marihuana at least once in their lifetime. The table also lists a lower limit of 57.2% and an upper limit of 61.2%. These upper and lower boundaries demarcate the 95% confidence interval, which means that the chances are 19 out of 20 (95%) that the true value of the underlying population lies between these limits. A somewhat wider set of limits (in the case of the marihuana illustration they would be from 56.5% to 61.8%) indicate the 99% confidence interval, and a still wider set indicate the 99.9% confidence interval (i.e., there is only 1 chance in 1000 that the true population value would lie beyond these limits).

A confidence interval can be applied to the difference between two percentages, as well as to any single percentage. For example, the difference between the high school classes of 1977 and 1978 in percentages ever using marihuana is 2.8% as shown in Table 1-3, and the 95% confidence limits for that difference are from 0.7% to 4.9%. In other words, the chances are 95 out of 100 that the true population difference between the classes of 1977 and 1978 is at least as large as 0.7% but no larger than 4.9%. The 99% confidence interval would be from -0.8% to 6.4%. Since the lower value for the 95% confidence interval is larger than zero, we can say that the difference between the percentage for 1977 and that for 1978 is "significant at (or beyond) the .05 level," meaning that the chances are less than 5 in 100 that the true values for 1977 and 1978 do not differ (by at least some amount) in the direction shown. (It happens that this difference falls slightly short of significance at the .01 level, because the lower limit is less than zero.)

Factors Influencing the Size of Confidence Intervals in this Report

The most straightforward types of samples, from a statistical standpoint at least, are simple random samples. In such samples the confidence limits for a proportion are influenced by the size of the sample or subgroup being considered, and also by the size of the proportion. For example, the 95% confidence interval for a proportion (p) based on a simple random sample is approximated by: $p \pm 1.96\sqrt{p(1-p)/N}$. In a complex probability sample such as the present one, there are a number of other factors which influence the size of confidence limits. In this section we list all of the factors which have been taken into account in calculating the confidence intervals used in this report beginning with the most simple factors and then proceeding to the more complex.

Number of Cases (N). Other things equal, the larger the size of a sample (or subgroup within a sample), the smaller or more precise will be the confidence interval for a percentage based on that sample. One of the factors determining the size of the confidence interval is $1/\sqrt{N}$. Thus, for example, if all other things were equal a sample of 400 would have confidence intervals half as large (or twice as precise) as a sample of 100, because $1/\sqrt{400}$ is half as large as $1/\sqrt{100}$.

Size of Percentage. Other things equal, percentage values around 50% have larger confidence intervals than higher or lower percentage values. This is because another of the factors determining the size of the confidence interval is $\sqrt{p(1-p)}$ where p is a proportion ranging from 0 to 1.0 (or, to put it in percentage terms, the factor is $\sqrt{x\%(100-x\%)}$). Thus, for example, a proportion of either .1 or .9 (i.e., a percentage of either 10% or 90%) will have a confidence interval only three fifths as large as the confidence interval around a proportion of .5 (or 50%), because $\sqrt{.1(1-.1)}$ is three fifths as large as $\sqrt{.5(1-.5)}$.

Design Effects in Complex Samples. Under conditions of simple random sampling a confidence interval can be determined simply on the basis of the number of cases and the percentage value involved. More complex samples, such as the one used in the present study, make use of stratification and clustering and often differential weighting of respondent scores, and these all influence sampling error. While stratification tends to heighten the precision of a sample, the effects of clustering and weighting reduce precision (compared with a simple random sample of the same size). Therefore, it is not appropriate to apply the standard, simple random sampling formulas to such complex samples in order to obtain estimates of sampling errors, because they would almost always underestimate the actual sampling errors.

Methods exist for correcting for this underestimation, however. Kish (1965, p. 258) defines a correction term called the design effect (DEFF), where:

$$\text{DEFF} = \frac{\text{actual sampling variance}}{\begin{array}{l}\text{expected sampling variance}\\ \text{from simple random sample}\\ \text{with same number of elements}\end{array}}$$

Thus, if the actual sampling variance in a complex sample is four times as large as the expected sampling variance from a simple random sample with the same number of cases, the DEFF is 4.0. Since confidence intervals are proportionate to the square root of variance the confidence intervals for the complex sample would be twice as large (because the square root of 4 is 2) as the confidence interval from a simple random sample with the same number of cases.

A fairly simple and straightforward way of applying the concept of design effect may be to note that an increase in design effect has the same impact on precision as a reduction in the number of cases in a simple random sample. For example, a sample of 4000 cases with a design effect of 4.0 would have the same degree of precision (the same size confidence intervals around various percentages) as a simple random sample of 1000. Thus it is possible to convert actual sample Ns into "effective Ns" by the simple expedient of dividing the actual sample Ns by the design effect. The advantage of doing so is that we can then apply formulas and tables based on simple random sampling without underestimating the actual sampling errors involved in complex samples.* As we shall see below, the "effective Ns" for the present study are substantially smaller than the actual numbers of cases. This would be true to some degree for nearly all complex samples, but is more true in a highly clustered sample like the present one.**

In principle, every different statistic resulting from a complex sample such as the present one can have its own design effect, and different statistics in the same sample may have quite different design effects. However, it is not feasible to compute every design effect, nor would it be feasible to report every one. Thus, in practice, design effects are averaged across a number of statistics and these average values are used to estimate the design effects for other statistics based on the same sample. Often a single design effect is applied to all statistics of a given type (e.g., percentages) for a given sample. In the present study, however, a rather extensive exploration of design effects revealed systematic differences that prompted us to employ several different average design effects. These systematic differences have to do with the particular measures being examined, the subgroups involved, and the question of whether a trend over time is being considered.

Measures: Drug Use Estimates. There is some tendency for drug usage levels to differ from one school to another, which increases the design effect for samples clustered in schools. The degree of difference among schools varies considerably from one drug to another; therefore, it has proven useful to estimate different sets of average design effects for different classes of drugs. Thus alcohol use and marihuana use both have relatively high design effects. Heroin, on the other hand, shows rather little difference from school to school and thus has relatively low design effects.

---

*In studies that make a single estimate of design effect for all data derived from the sample, this conversion into "effective Ns" offers less of an advantage, since a single design effect can be incorporated directly into the sampling error tables. However, in the present study we feel it is most accurate to develop a number of different design effects for different variables, which makes the strategy of converting to "effective Ns" particularly useful.

**It may be worth noting that if the same funds were spent to obtain a simple random sample (unclustered), many fewer cases could be obtained because of the rise in cost per respondent--fewer than the "effective Ns" that result from the present sample. Thus the overall precision of our population estimates would be lower--probably by a considerable margin.

The period over which use is reported also is linked to the size of the design effect. With a rather high degree of regularity it turns out that design effects for measures of use during lifetime are a bit higher than corresponding (i.e., same drug) design effects for measures of use during the past twelve months, while measures of use during the past thirty days have lower design effects than the twelve month measures. (One important exception to this general pattern is alcohol.)

The tables of "effective Ns" presented in this appendix have been developed in sufficient detail to take account of these differences in design effects from one drug to another, and from one period of use to another.

Subgroup Estimates. An exploration of design effects for different subgroups in the sample for 1977 (and also the sample for 1976) revealed several systematic differences which have been incorporated into the tables of "effective Ns." Two sets of subgroups, males versus females, and those planning four years of college versus those planning less than four years of college, can be described as "cross-class" subgroups because each subgroup is represented in all of the different clusters in the sample. All (or virtually all) of the schools in the sample have both male and female students, as well as some students who plan for four years of college and other students who do not. Thus, each of these four subgroups is spread across the same number of clusters as is the total sample. Since each subgroup includes roughly half of the total sample, the average number of cases per cluster is about half as large as for the total sample, and this leads to a smaller design effect than is found for the total sample.

In the special cases of comparisons between males and females or between college bound and noncollege-bound seniors, the design effects are still smaller. The technical explanation for this phenomenon is that there is a higher degree of covariance between such subgroup pairs than would be the case in a comparison of independent subgroups. In a comparison of males and females, for example, their characteristics, within each school, are generally more alike than they would be if we had chosen all the males from that school but all the females from a separate, independently chosen school. For this reason, the tables of "effective Ns" include additional entries which apply only for comparisons between males and females and between the two college plans groups.

The other sets of subgroups examined in this report are four geographic regions and three levels of population density. These subgroups, unlike those discussed above, do not cut across all clusters (schools). Rather, they can be described as "segregated" subgroups, because each school falls into only one regional category and only one category of population density. For these segregated subgroups the average number of cases per cluster is about the same as is found in the total sample, and thus the design effects are not lower than those for the total sample. (In the case of the West, the design effects are consistently larger than for the other regions.)

Analyses of Trends. Thus far our discussion of design effects has dealt only with confidence intervals for groups and subgroups within a single year. But one of the central purposes of the present study is to monitor trends across years, and we have noted elsewhere in this report that procedures have been standardized across years insofar as possible in order to provide sensitive measurement of change. One of the factors designed to produce an added degree of consistency from one year to the next is the use of each school for two data collections, which means that for any two successive years half of the sample of schools is the same. This, plus the fact that the other half of the school sample in a given year is from the same primary sampling units as the half sample it replaced, means that there is a good deal of consistency in the sampling and clustering of the sample from one year to the next. As a result, when cross year comparisons are made (say, between 1975 and 1976), the design effects are appreciably smaller (i.e., the efficiency is greater) than if completely independent samples of schools had been drawn each year. In other words, the 1975 and 1976 samples are not independent; on the contrary, there is a considerable degree of covariance between them. A similar level of covariance occurs between any pair of adjacent-year samples (e.g., 1977 and 1978), because about half of the schools were included in both samples.

In order to take account of these reduced design effects for trend comparisons across adjacent years, the tables of "effective Ns" include entries specifically designated for analyses of "one-year trends".

Procedures for Ascertaining Confidence Intervals

As indicated earlier, the fact that a number of different design effects have been estimated for this study rules out the use of a single set of confidence interval tables which have "built in" adjustments for the design effect. An alternative strategy is to apply the various design effects to the actual numbers of cases in the sample in order to estimate "effective Ns"--the number of cases in a simple random sample that would be needed to provide the same level of precision as our actual sample. Once an "effective N" has been provided, it is then a straightforward matter to use it in a simple random sampling table to find the confidence interval around an observed percentage, or around an observed difference between two percentages. (The "effective N" values can also be used in any standard statistical formulas that assume simple random sampling.)

Guide to Using the Tables. Table B-1 provides guidelines for determining and using "effective Ns".

Tables B-2 through B-10 provide "effective N" values for virtually every percentage included in this report. Note that Tables B-2 through B-7 deal with prevalence of use estimates for the various drugs. Table B-8 deals with use prior to tenth grade (all drugs). Table B-9 deals with thirty-day prevalence of daily use of marihuana, alcohol, and cigarettes. Table B-10 deals with various additional variables. (Table B-10 is different from the other "effective N" tables in that rather than providing actual numerical values, it provides instructions for obtaining the desired values.)

Tables B-11 and B-12 present the statistical tables in which the "effective Ns" are then applied. Table B-11 presents confidence intervals for single percentages, and Table B-12 presents confidence intervals for the differences between two percentages. Finally, Tables B-13 and B-14 report the design effect estimates which were used to produce the "effective Ns" listed in Tables B-2 through B-9.

Some further description of Tables B-2 through B-9 may be helpful. Each of these tables provides separate columns for each year (1975, 1976, and all subsequent years) and separate rows for each subgroup and for the total sample. Tables B-2, B-3, B-5, and B-7 also provide separate columns for each period of usage (lifetime, twelve months, thirty days). Most cells in each table have two entries, one marked "Standard" and the other marked "1-yr Trend." The "Standard" value is to be used for ascertaining the confidence interval around any single percentage, and also most comparisons of two different subgroup percentages. However, for comparisons between males and females (within the same year), or between the two college plans groups (within the same year), another cell entry is provided and labelled "Comparison." For analyses of one-year trends for the total sample or a particular subgroup (e.g., males in 1976 compared with males in 1977) the entry labelled "1-yr Trend" is used.

TABLE B-1

Guidelines for Using "Effective N" and Confidence Limit Tables

Step 1 Determine which of the confidence intervals below is desired:	Step 2 Locate appropriate "Effective N" Table (B-2 through B-10); use the cell entry labeled:	Step 3 Using the "Effective N," locate confidence limits (95% level)[a] in:
-- Single percentage value for a subgroup or total sample →	Standard →	Table B-11
-- Difference between two subgroups in the same year		
-- Comparison of males and females, or comparison of college plans groups (must involve same drug and period of usage) →	Comparison →	Table B-12
-- All other differences between two subgroups in the same year →	Standard →	Table B-12
-- Difference, or trend, between two years (comparison must involve same group or subgroup, drug, and period of usage)		
--Comparison of two adjacent classes: e.g., 1977 vs. 1978 →	1-yr Trend →	Table B-12
--Comparison of non-adjacent classes: e.g., 1975 vs. 1978 →	Standard[b] →	Table B-12
-- Any other difference between two subgroups →	Standard →	Table B-12

---

[a] The confidence limits provided in Tables B-11 and B-12 are the 95% limits (two-tailed), 1.960 standard errors. Different confidence limits can be computed by multiplying by an appropriate constant. For example, the table values can be multiplied by 1.314 (i.e., 2.576/1.960) to yield the 99% confidence limits, or by 1.679 (i.e., 3.291/1.960) to yield the 99.9% confidence limits.

[b] The design effects for trends were computed for the 1976 and 1977 samples, for which about half of the participating schools were the same. For a comparison of classes more than one year apart, this overlapping of schools does not apply; therefore, the design effects are larger and the "effective Ns" are smaller. The use of the Standard values is no doubt somewhat conservative.

TABLE B-2
"Effective N" Values for Percent Using Heroin, or Percent Using Other Opiates

	Class of 1975			Class of 1976			1977 and 1978			1979 and 1980			1981 and 1982			Class of 1983		
	Life	Year	Month	Life	Year	Month	Life	Year	Month	Life	Year	Month	Life	Year	Month	Life	Year	Month
All Seniors:																		
Standard	4100	4900	6000	5500	6500	7900	5800	7000	8500	5100	6100	8500	5800	6900	8400	5300	6400	7800
1-yr Trend	*6000*	*6800*	*7800*	*7900*	*9000*	*10400*	*8500*	*9600*	*11100*	*7400*	*8400*	*9600*	*8400*	*9500*	*10900*	*7800*	*8800*	*10100*
Sex:																		
Male																		
Standard	2600	3000	3400	3600	4100	4700	3600	4200	4900	3500	4000	4700	3900	4400	5100	3500	4000	4700
1-yr Trend	*3400*	*3800*	*4200*	*4700*	*5200*	*5800*	*4900*	*5300*	*5900*	*4700*	*5100*	*5700*	*5100*	*5600*	*6300*	*4700*	*5100*	*5700*
Comparison	3700	4000	4400	5100	5600	6100	5300	5700	6200	5100	5500	6000	5600	6000	6600	5100	5500	6000
Female																		
Standard	2800	3300	3800	3500	4000	4700	4000	4600	5300	3600	4100	4800	3700	4300	5000	3500	4000	4700
1-yr Trend	*3800*	*4100*	*4600*	*4700*	*5100*	*5700*	*5300*	*5800*	*6500*	*4800*	*5300*	*5800*	*5000*	*5500*	*6000*	*4700*	*5100*	*5700*
Comparison	4100	4400	4800	5100	5500	6000	5800	6300	6800	5200	5600	6100	5400	5800	6400	5100	5500	6000
College Plans:																		
None or under 4 yrs																		
Standard	NA	NA	NA	3200	3700	4200	3300	3800	4400	3000	3400	4000	3000	3400	4000	2700	3100	3600
1-yr Trend	*NA*	*NA*	*NA*	*4200*	*4700*	*5200*	*4400*	*4900*	*5400*	*4000*	*4400*	*4800*	*4000*	*4400*	*4800*	*3600*	*3900*	*4300*
Comparison	NA	NA	NA	4200	4700	5200	4400	4900	5400	4000	4400	4800	4000	4400	4800	3600	3900	4300
Complete 4 yrs																		
Standard	NA	NA	NA	3500	4100	4700	4000	4500	5300	3800	4400	5100	4300	4900	5700	4100	4700	5400
1-yr Trend	*NA*	*NA*	*NA*	*4700*	*5200*	*5700*	*5300*	*5800*	*6400*	*5100*	*5600*	*6200*	*5700*	*6300*	*7000*	*5400*	*6000*	*6600*
Comparison	NA	NA	NA	4700	5200	5700	5300	5800	6400	5100	5600	6200	5700	6300	7000	5400	6000	6600
Region:																		
Northeast																		
Standard	980	1200	1400	1300	1600	1900	1500	1800	2200	1300	1500	1900	1500	1800	2100	1300	1600	1900
1-yr Trend	*1400*	*1600*	*1900*	*1900*	*2200*	*2500*	*2200*	*2500*	*2900*	*1900*	*2100*	*2400*	*2100*	*2400*	*2800*	*1900*	*2200*	*2500*
North Central																		
Standard	1300	1500	1900	1700	2000	2400	1800	2100	2600	1800	2100	2600	1700	2000	2400	1300	1600	2000
1-yr Trend	*1900*	*2100*	*2500*	*2400*	*2800*	*3200*	*2600*	*2900*	*3400*	*2600*	*2900*	*3400*	*2400*	*2800*	*3200*	*2000*	*2200*	*2500*
South																		
Standard	1100	1300	1600	1400	1600	2000	1600	2000	2400	1600	1900	2300	1600	1900	2300	1700	2100	2500
1-yr Trend	*1600*	*1800*	*2100*	*2000*	*2300*	*2600*	*2400*	*2700*	*3100*	*2300*	*2600*	*3000*	*2300*	*2600*	*3000*	*2500*	*2900*	*3300*
West																		
Standard	650	800	980	950	1200	1400	790	970	1200	780	960	1200	880	1100	1300	820	1000	1200
1-yr Trend	*1100*	*1200*	*1400*	*1600*	*1800*	*2100*	*1300*	*1500*	*1700*	*1300*	*1500*	*1700*	*1500*	*1700*	*1900*	*1400*	*1600*	*1800*
Population Density:																		
Large SMSA																		
Standard	1300	1500	1800	1700	2000	2500	1800	2100	2600	1600	1900	2300	1900	2200	2700	1600	2000	2400
1-yr Trend	*1800*	*2100*	*2400*	*2500*	*2800*	*3200*	*2600*	*3000*	*3400*	*2300*	*2600*	*3000*	*2700*	*3100*	*3500*	*2400*	*2700*	*3100*
Other SMSA																		
Standard	1900	2300	2700	2400	2900	3600	2600	3200	3900	2500	3000	3700	2600	3100	3800	2400	2800	3400
1-yr Trend	*2700*	*3100*	*3600*	*3600*	*4000*	*4600*	*3900*	*4400*	*5000*	*3700*	*4200*	*4800*	*3800*	*4300*	*5000*	*3400*	*3900*	*4500*
Non-SMSA																		
Standard	1000	1200	1400	1300	1600	1900	1400	1600	2000	1400	1600	2000	1300	1600	1900	1300	1600	2000
1-yr Trend	*1400*	*1600*	*1900*	*1900*	*2200*	*2500*	*2000*	*2300*	*2600*	*2000*	*2300*	*2600*	*1900*	*2200*	*2500*	*2000*	*2200*	*2500*

TABLE B-3
"Effective N" Values for Percent Using Any of the Following Drugs: Hallucinogens, Cocaine, Sedatives, Stimulants, Tranquilizers

	Class of 1975			Class of 1976			1977 and 1978			1979 and 1980			1981 and 1982			Class of 1983		
	Life	Year	Month	Life	Year	Month	Life	Year	Month	Life	Year	Month	Life	Year	Month	Life	Year	Month
All seniors																		
Standard	2200	2900	3800	2900	3800	5000	3100	4000	5300	2800	3500	4600	3100	4000	5300	2900	3700	4900
1-yr Trend	*3800*	*4600*	*5600*	*5000*	*6000*	*7400*	*5300*	*6400*	*7900*	*4600*	*5600*	*7000*	*5300*	*6400*	*7800*	*4900*	*5900*	*7200*
Sex:																		
Male																		
Standard	1600	2000	2500	2300	2800	3400	2300	2800	3500	2200	2700	3400	2500	3000	3700	2200	2700	3400
1-yr Trend	*2500*	*2900*	*3300*	*3400*	*4000*	*4600*	*3500*	*4100*	*4700*	*3400*	*3900*	*4500*	*3700*	*4300*	*5000*	*3400*	*3900*	*4500*
Comparison	2800	3200	3600	3900	4400	5000	4000	4500	5100	3800	4300	4900	4200	4800	5400	3800	4300	4900
Female																		
Standard	1800	2200	2700	2200	2700	3400	2500	3100	3800	2300	2800	3500	2400	2900	3600	2200	2700	3400
1-yr Trend	*2700*	*3200*	*3700*	*3400*	*3900*	*4600*	*3800*	*4500*	*5200*	*3500*	*4000*	*4700*	*3600*	*4200*	*4800*	*3400*	*3900*	*4500*
Comparison	3100	3500	4000	3800	4400	4900	4300	4900	5600	3900	4500	5000	4100	4600	5200	3800	4300	4900
College Plans:																		
None or under 4 yrs																		
Standard	NA	NA	NA	2000	2500	3100	2100	2600	3200	1900	2300	2900	1900	2300	2900	1700	2100	2600
1-yr Trend	*NA*	*NA*	*NA*	*3100*	*3600*	*4100*	*3200*	*3700*	*4300*	*2900*	*3300*	*3900*	*2900*	*3300*	*3900*	*2600*	*3000*	*3400*
Comparison	NA	NA	NA	3100	3600	4100	3200	3700	4300	2900	3300	3900	2900	3300	3900	2600	3000	3400
Complete 4 yrs																		
Standard	NA	NA	NA	2300	2800	3400	2500	3100	3800	2400	3000	3700	2700	3400	4100	2600	3200	3900
1-yr Trend	*NA*	*NA*	*NA*	*3400*	*3900*	*4600*	*3800*	*4400*	*5100*	*3700*	*4300*	*4900*	*4100*	*4800*	*5600*	*3900*	*4600*	*5300*
Comparison	NA	NA	NA	3400	3900	4600	3800	4400	5100	3700	4300	4900	4100	4800	5600	3900	4600	5300
Region:																		
Northeast																		
Standard	530	680	900	710	920	1200	810	1000	1400	690	880	1200	800	1000	1300	710	910	1200
1-yr Trend	*900*	*1100*	*1300*	*1200*	*1500*	*1800*	*1400*	*1700*	*2000*	*1200*	*1400*	*1700*	*1300*	*1600*	*2000*	*1200*	*1400*	*1800*
North Central																		
Standard	700	900	1200	900	1200	1500	950	1200	1600	950	1200	1600	900	1200	1500	720	930	1200
1-yr Trend	*1200*	*1400*	*1800*	*1500*	*1800*	*2300*	*1600*	*2000*	*2400*	*1600*	*2000*	*2400*	*1500*	*1800*	*2300*	*1200*	*1500*	*1800*
South																		
Standard	600	760	1000	740	950	1200	880	1100	1500	840	1100	1400	870	1100	1500	940	1200	1600
1-yr Trend	*1000*	*1200*	*1500*	*1200*	*1500*	*1900*	*1500*	*1800*	*2200*	*1400*	*1700*	*2100*	*1500*	*1800*	*2200*	*1600*	*1900*	*2400*
West																		
Standard	300	400	550	450	590	800	370	490	670	370	480	660	410	540	740	380	500	690
1-yr Trend	*690*	*830*	*1000*	*1000*	*1200*	*1500*	*840*	*1000*	*1200*	*830*	*1000*	*1200*	*930*	*1100*	*1400*	*870*	*1100*	*1300*
Population Density:																		
Large SMSA																		
Standard	680	870	1100	910	1200	1500	970	1200	1600	850	1100	1400	1000	1300	1700	880	1100	1500
1-yr Trend	*1100*	*1400*	*1700*	*1500*	*1900*	*2300*	*1600*	*2000*	*2400*	*1400*	*1700*	*2100*	*1700*	*2100*	*2500*	*1500*	*1800*	*2200*
Other SMSA																		
Standard	1000	1300	1700	1300	1700	2200	1400	1800	2400	1400	1700	2300	1400	1800	2400	1300	1600	2100
1-yr Trend	*1700*	*2100*	*2600*	*2200*	*2700*	*3300*	*2400*	*2900*	*3600*	*2300*	*2800*	*3400*	*2400*	*2900*	*3600*	*2100*	*2600*	*3200*
Non-SMSA																		
Standard	540	690	910	720	920	1200	740	950	1300	740	950	1300	710	910	1200	720	930	1200
1-yr Trend	*910*	*1100*	*1300*	*1200*	*1500*	*1800*	*1300*	*1500*	*1900*	*1300*	*1500*	*1900*	*1200*	*1400*	*1800*	*1200*	*1500*	*1800*

TABLE B-4
"Effective N" Values for Percent Using Marijuana

	Class of 1975	Class of 1976	1977 and 1978	1979 and 1980	1981 and 1982	Class of 1983
All seniors						
Standard	1600	2100	2300	2000	2200	2100
1-yr Trend	*2900*	*3900*	*4100*	*3600*	*4100*	*3800*
Sex:						
Male						
Standard	1500	2000	2100	2000	2200	2000
1-yr Trend	*2300*	*3100*	*3200*	*3100*	*3400*	*3100*
Comparison	2600	3600	3600	3500	3900	3500
Female						
Standard	1100	1380	1600	1400	1500	1400
1-yr Trend	*1880*	*2300*	*2700*	*2400*	*2500*	*2300*
Comparison	2200	2700	3100	2800	2900	2700
College Plans:						
None or under 4 yrs						
Standard	NA	1800	1900	1700	1700	1500
1-yr Trend	*NA*	*2800*	*2900*	*2600*	*2600*	*2300*
Comparison	NA	2800	2900	2600	2600	2300
Complete 4 yrs						
Standard	NA	1400	1500	1500	1700	1600
1-yr Trend	*NA*	*2300*	*2600*	*2500*	*2900*	*2700*
Comparison	NA	2300	2600	2500	2900	2700
Region:						
Northeast						
Standard	450	600	680	580	670	590
1-yr Trend	*790*	*1100*	*1200*	*1000*	*1200*	*1000*
North Central						
Standard	580	750	800	800	750	610
1-yr Trend	*1000*	*1300*	*1400*	*1400*	*1300*	*1100*
South						
Standard	500	620	740	710	720	780
1-yr Trend	*880*	*1100*	*1300*	*1200*	*1300*	*1400*
West						
Standard	120	170	140	140	160	150
1-yr Trend	*600*	*880*	*730*	*720*	*810*	*760*
Population Density:						
Large SMSA						
Standard	660	900	950	830	990	870
1-yr Trend	*1100*	*1500*	*1600*	*1400*	*1700*	*1500*
Other SMSA						
Standard	500	650	700	670	690	620
1-yr Trend	*1700*	*2200*	*2400*	*2300*	*2400*	*2100*
Non-SMSA						
Standard	530	700	730	730	690	710
1-yr Trend	*900*	*1200*	*1200*	*1200*	*1200*	*1200*

TABLE 8-5
"Effective N" Values for Percent Using Inhalants

	Class of 1976			1977 and 1978			1979 and 1980			1981 and 1982			Class of 1983		
	Life	Year	Month	Life	Year	Month	Life	Year	Month	Life	Year	Month	Life	Year	Month
All seniors															
Standard	4400	5200	6400	4700	5600	6800	4100	4800	5900	4600	5500	6700	4200	5100	6200
1-yr Trend	*6400*	*7200*	*8300*	*6800*	*7700*	*8900*	*5900*	*6700*	*7700*	*6700*	*7600*	*8800*	*6200*	*7000*	*8100*
Sex:															
Male															
Standard	2800	3300	3800	2900	3400	3900	2800	3200	3700	3100	3600	4100	2800	3200	3700
1-yr Trend	*3800*	*4200*	*4600*	*3900*	*4300*	*4700*	*3700*	*4100*	*4500*	*4100*	*4500*	*5000*	*3700*	*4100*	*4500*
Comparison	4100	4400	4800	4200	4600	5000	4000	4400	4800	4500	4900	5300	4000	4400	4800
Female															
Standard	2800	3200	3800	3200	3700	4300	2900	3300	3800	3000	3400	4000	2800	3200	3700
1-yr Trend	*3800*	*4100*	*4600*	*4300*	*4700*	*5200*	*3800*	*4200*	*4700*	*4000*	*4400*	*4800*	*3700*	*4100*	*4500*
Comparison	4100	4400	4800	4600	5000	5500	4200	4500	4900	4300	4700	5100	4000	4400	4800
College Plans:															
None or under 4 yrs															
Standard	2600	2900	3400	2700	3100	3600	2400	2800	3200	2400	2800	3200	2100	2400	2800
1-yr Trend	*3400*	*3700*	*4100*	*3600*	*3900*	*4300*	*3200*	*3500*	*3900*	*3200*	*3500*	*3900*	*2800*	*3100*	*3500*
Comparison	3400	3700	4100	3600	3900	4300	3200	3500	3900	3200	3500	3900	2800	3100	3500
Complete 4 yrs															
Standard	2800	3300	3800	3200	3600	4200	3100	3500	4100	3500	4000	4600	3300	3800	4400
1-yr Trend	*3800*	*4100*	*4600*	*4200*	*4600*	*5100*	*4100*	*4500*	*5000*	*4600*	*5100*	*5600*	*4400*	*4800*	*5300*
Comparison	3800	4100	4600	4200	4600	5100	4100	4500	5000	4600	5100	5600	4400	4800	5300
Region:															
Northeast															
Standard	1100	1300	1500	1200	1400	1800	1000	1200	1500	1200	1400	1700	1000	1200	1500
1-yr Trend	*1500*	*1700*	*2000*	*1800*	*2000*	*2300*	*1500*	*1700*	*1900*	*1700*	*1900*	*2200*	*1500*	*1700*	*2000*
North Central															
Standard	1300	1600	1900	1400	1700	2000	1400	1700	2000	1300	1600	2000	1100	1300	1600
1-yr Trend	*1900*	*2200*	*2500*	*2000*	*2300*	*2700*	*2000*	*2300*	*2700*	*2000*	*2200*	*2500*	*1600*	*1800*	*2000*
South															
Standard	1100	1300	1600	1300	1600	1900	1200	1500	1800	1300	1500	1900	1400	1600	2000
1-yr Trend	*1600*	*1800*	*2100*	*1900*	*2200*	*2500*	*1800*	*2100*	*2400*	*1900*	*2100*	*2400*	*2000*	*2300*	*2600*
West															
Standard	760	930	1200	650	800	980	620	760	940	710	870	1100	650	800	980
1-yr Trend	*1300*	*1500*	*1700*	*1100*	*1200*	*1400*	*1000*	*1200*	*1400*	*1200*	*1400*	*1600*	*1100*	*1200*	*1400*
Population Density:															
Large SMSA															
Standard	1300	1600	2000	1400	1700	2100	1200	1500	1800	1500	1800	2200	1300	1600	1900
1-yr Trend	*2000*	*2200*	*2600*	*2100*	*2400*	*2700*	*1800*	*2100*	*2400*	*2200*	*2500*	*2900*	*1900*	*2200*	*2500*
Other SMSA															
Standard	2000	2300	2800	2100	2500	3100	2000	2400	3000	2100	2500	3000	1900	2300	2800
1-yr Trend	*2800*	*3200*	*3700*	*3100*	*3500*	*4000*	*3000*	*3400*	*3900*	*3000*	*3500*	*4000*	*2800*	*3100*	*3600*
Non-SMSA															
Standard	1100	1300	1500	1100	1300	1600	1100	1300	1600	1000	1200	1500	1100	1300	1600
1-yr Trend	*1500*	*1700*	*2000*	*1600*	*1800*	*2100*	*1600*	*1800*	*2100*	*1500*	*1700*	*2000*	*1600*	*1800*	*2000*

BEST COPY AVAILABLE

TABLE B-6
"Effective N" Values for Percent Using Alcohol

	Class of 1975	Class of 1976	1977 and 1978	1979 and 1980	1981 and 1982	Class of 1983
All seniors						
Standard	1200	1500	1600	1400	1600	1500
1-yr Trend	*2200*	*2900*	*3100*	*2700*	*3100*	*2900*
Sex:						
Male						
Standard	1100	1500	1600	1500	1600	1500
1-yr Trend	*1800*	*2500*	*2600*	*2500*	*2700*	*2500*
Comparison	2100	2900	3000	2900	3200	2900
Female						
Standard	810	1000	1100	1000	1100	1000
1-yr Trend	*1500*	*1800*	*2100*	*1900*	*1900*	*1800*
Comparison	1800	2200	2500	2200	2300	2200
College Plans:						
None or under 4 yrs						
Standard	NA	1400	1400	1300	1300	1100
1-yr Trend	*NA*	*2300*	*2400*	*2100*	*2100*	*1900*
Comparison	NA	2300	2400	2100	2100	1900
Complete 4 yrs						
Standard	NA	1000	1100	1100	1200	1200
1-yr Trend	*NA*	*1800*	*2100*	*2000*	*2200*	*2100*
Comparison	NA	1800	2100	2000	2200	2100
Region:						
Northeast						
Standard	380	520	590	500	570	510
1-yr Trend	*700*	*930*	*1100*	*900*	*1000*	*920*
North Central						
Standard	500	650	690	690	650	520
1-yr Trend	*910*	*1200*	*1200*	*1200*	*1200*	*950*
South						
Standard	430	530	640	610	620	680
1-yr Trend	*780*	*970*	*1200*	*1100*	*1100*	*1200*
West						
Standard	80	120	100	100	110	100
1-yr Trend	*530*	*780*	*650*	*640*	*720*	*670*
Population Density:						
Large SMSA						
Standard	490	660	700	610	730	640
1-yr Trend	*880*	*1200*	*1300*	*1100*	*1300*	*1200*
Other SMSA						
Standard	420	550	590	560	580	530
1-yr Trend	*1300*	*1700*	*1900*	*1800*	*1800*	*1700*
Non-SMSA						
Standard	390	520	540	540	510	520
1-yr Trend	*700*	*930*	*970*	*970*	*920*	*950*

TABLE B-7
"Effective N" Values for Percent Using Cigarettes

	Class of 1975		Class of 1976		1977 and 1978		1979 and 1980		1981 and 1982		Class of 1983	
	Life	Month	Life	Month	Life	Month	Life	Month	Life	Month	Life	Month
All seniors												
Standard	2200	2900	2900	3800	3100	4000	2800	3500	3100	4000	2900	3700
1-yr Trend	*3800*	*4600*	*5000*	*6000*	*5300*	*6400*	*4600*	*5600*	*5300*	*6400*	*4900*	*5900*
Sex:												
Male												
Standard	1600	2000	2300	2800	2300	2800	2200	2700	2500	3000	2200	2700
1-yr Trend	*2500*	*2900*	*3400*	*4000*	*3500*	*4100*	*3400*	*3900*	*3700*	*4300*	*3400*	*3900*
Comparison	2800	3200	3900	4400	4000	4500	3800	4300	4200	4800	3800	4300
Female												
Standard	1800	2200	2200	2700	2500	3100	2300	2800	2400	2900	2200	2700
1-yr Trend	*2700*	*3200*	*3400*	*3900*	*3800*	*4500*	*3500*	*4000*	*3800*	*4200*	*3400*	*3900*
Comparison	3100	3500	3800	4400	4300	4900	3900	4500	4100	4800	3800	4300
College Plans:												
None or under 4 yrs												
Standard	NA	NA	2000	2500	2100	2600	1900	2300	1900	2300	1700	2100
1-yr Trend	*NA*	*NA*	*3100*	*3600*	*3200*	*3700*	*2900*	*3300*	*2900*	*3300*	*2600*	*3000*
Comparison	NA	NA	3100	3600	3200	3700	2900	3300	2900	3300	2600	3000
Complete 4 yrs												
Standard	NA	NA	2300	2800	2500	3100	2400	3000	2700	3400	2600	3200
1-yr Trend	*NA*	*NA*	*3400*	*3900*	*3800*	*4400*	*3700*	*4300*	*4100*	*4800*	*3900*	*4600*
Comparison	NA	NA	3400	3900	3800	4400	3700	4300	4100	4800	3900	4600
Region:												
Northeast												
Standard	530	680	710	920	810	1000	690	880	800	1000	710	910
1-yr Trend	*900*	*1100*	*1200*	*1500*	*1400*	*1700*	*1200*	*1400*	*1300*	*1600*	*1200*	*1400*
North Central												
Standard	700	900	900	1200	950	1200	950	1200	900	1200	720	930
1-yr Trend	*1200*	*1400*	*1500*	*1800*	*1600*	*2000*	*1600*	*2000*	*1500*	*1800*	*1200*	*1500*
South												
Standard	600	760	740	950	880	1100	840	1100	870	1100	940	1200
1-yr Trend	*1000*	*1200*	*1200*	*1500*	*1500*	*1800*	*1400*	*1700*	*1500*	*1800*	*1600*	*1900*
West												
Standard	300	400	450	590	370	490	370	480	410	540	380	500
1-yr Trend	*690*	*830*	*1200*	*1200*	*840*	*1000*	*830*	*1000*	*930*	*1100*	*870*	*1100*
Population Density:												
Large SMSA												
Standard	680	870	910	1200	970	1200	850	1100	1000	1300	880	1100
1-yr Trend	*1100*	*1400*	*1500*	*1900*	*1600*	*2000*	*1400*	*1700*	*1700*	*2100*	*1500*	*1800*
Other SMSA												
Standard	1000	1300	1300	1700	1400	1800	1400	1700	1400	1800	1300	1600
1-yr Trend	*1700*	*2100*	*2200*	*2700*	*2400*	*2900*	*2300*	*2800*	*2400*	*2900*	*2100*	*2600*
Non-SMSA												
Standard	540	690	720	920	740	950	740	950	710	910	720	930
1-yr Trend	*910*	*1100*	*1200*	*1500*	*1300*	*1500*	*1300*	*1500*	*1200*	*1400*	*1200*	*1500*

TABLE B-8
"Effective N" Values for Use Prior to the Tenth Grade
(All Drugs Asked About in Two Questionnaire Forms)

	Alcohol and Marijuana						All Other Two-Form Drugs					
	Class of 1975	Class of 1976	1977 and 1978	1979 and 1980	1981 and 1982	Class of 1983	Class of 1975	Class of 1976	1977 and 1978	1979 and 1980	1981 and 1982	Class of 1983
All seniors												
Standard	1400	1500	2700	2500	2800	2600	2300	2400	4400	4200	4700	4200
1-yr Trend	*1900*	*2000*	*3600*	*3400*	*3800*	*3400*	*2600*	*2800*	*5000*	*4700*	*5300*	*4800*
Sex:												
Male												
Standard	640	710	1200	1400	1200	1300	1100	1200	2000	1900	2300	2000
1-yr Trend	*860*	*950*	*1700*	*1500*	*1800*	*1700*	*1200*	*1300*	*2300*	*2100*	*2600*	*2300*
Comparison	930	1000	1800	1700	2000	1800	1200	1300	2400	2200	2600	2400
Female												
Standard	710	700	1400	1300	1400	1300	1200	1200	2300	2200	2300	2100
1-yr Trend	*940*	*940*	*1800*	*1800*	*1800*	*1700*	*1300*	*1300*	*2600*	*2500*	*2600*	*2400*
Comparison	1000	1000	2000	1900	2000	1900	1300	1300	2600	2500	2600	2400
College Plans:												
None or under 4 yrs												
Standard	NA	640	1100	1000	1100	930	NA	1000	1800	1700	1800	1500
1-yr Trend	*NA*	*850*	*1500*	*1400*	*1400*	*1200*	*NA*	*1200*	*2100*	*1900*	*2000*	*1700*
Comparison	NA	850	1500	1400	1400	1200	NA	1200	2100	1900	2000	1700
Complete 4 yrs												
Standard	NA	710	1400	1400	1800	1500	NA	1200	2300	2300	2600	2500
1-yr Trend	*NA*	*940*	*1800*	*1800*	*2100*	*2000*	*NA*	*1300*	*2600*	*2600*	*3000*	*2800*
Comparison	NA	940	1800	1800	2100	2000	NA	1300	2600	2600	3000	2800
Region:												
Northeast												
Standard	340	360	620	580	710	580	550	590	1000	950	1200	950
1-yr Trend	*450*	*480*	*830*	*770*	*950*	*770*	*620*	*670*	*1200*	*1100*	*1300*	*1100*
North Central												
Standard	440	450	890	840	840	670	720	750	1500	1450	1400	1100
1-yr Trend	*590*	*600*	*1200*	*1100*	*1100*	*890*	*820*	*840*	*1700*	*1600*	*1600*	*1200*
South												
Standard	370	370	710	710	800	840	620	610	1200	1200	1300	1400
1-yr Trend	*500*	*490*	*950*	*950*	*1100*	*1100*	*700*	*690*	*1300*	*1300*	*1500*	*1600*
West												
Standard	170	200	300	270	330	330	320	380	560	510	620	620
1-yr Trend	*260*	*300*	*440*	*400*	*490*	*490*	*400*	*470*	*690*	*630*	*760*	*760*
Population Density:												
Large SMSA												
Standard	430	460	800	710	890	760	700	750	1300	1200	1500	1200
1-yr Trend	*570*	*610*	*1100*	*950*	*1200*	*1000*	*790*	*850*	*1500*	*1300*	*1700*	*1400*
Other SMSA												
Standard	640	660	1200	1200	1300	1100	1100	1100	2000	1900	2100	1800
1-yr Trend	*850*	*890*	*1700*	*1500*	*1700*	*1500*	*1200*	*1200*	*2300*	*2100*	*2400*	*2100*
Non-SMSA												
Standard	340	360	620	670	670	670	550	590	620	670	670	670
1-yr Trend	*450*	*480*	*830*	*890*	*890*	*890*	*630*	*670*	*1200*	*1200*	*1200*	*1200*

TABLE B-9
"Effective N" Values for Thirty-Day Prevalence of Daily Use of Alcohol, Marijuana, and Half Pack of Cigarettes

	Class of 1975	Class of 1976	1977 and 1978	1979 and 1980	1981 and 1982	Class of 1983
All seniors						
Standard	3500	4600	4900	4300	4900	4500
1-yr Trend	*5300*	*7000*	*7500*	*6500*	*7400*	*6900*
Sex:						
Male						
Standard	2000	2800	2800	2700	3000	2700
1-yr Trend	*2900*	*4000*	*4100*	*3900*	*4300*	*3900*
Comparison	3200	4400	4500	4300	4800	4300
Female						
Standard	2700	3300	3800	3400	3500	3300
1-yr Trend	*3600*	*4500*	*5100*	*4600*	*4700*	*4500*
Comparison	3500	4400	5500	4900	5100	4800
College Plans:						
None or under 4 yrs						
Standard	NA	2500	2600	2300	2300	2100
1-yr Trend	*NA*	*3600*	*3700*	*3300*	*3300*	*3000*
Comparison	NA	3600	3700	3300	3300	3000
Complete 4 yrs						
Standard	NA	3300	3700	3600	4000	3800
1-yr Trend	*NA*	*4500*	*5000*	*4900*	*5500*	*5200*
Comparison	NA	4500	5000	4900	5500	5200
Region:						
Northeast						
Standard	840	1100	1300	1100	1200	1100
1-yr Trend	*1300*	*1700*	*1900*	*1600*	*1900*	*1700*
North Central						
Standard	1100	1400	1500	1500	1400	1100
1-yr Trend	*1700*	*2200*	*2300*	*2300*	*2200*	*1700*
South						
Standard	930	1200	1400	1300	1400	1500
1-yr Trend	*1400*	*1800*	*2100*	*2000*	*2100*	*2200*
West						
Standard	640	930	780	750	860	800
1-yr Trend	*970*	*1400*	*1200*	*1100*	*1300*	*1200*
Population Density:						
Large SMSA						
Standard	1100	1400	1500	1300	1600	1400
1-yr Trend	*1600*	*2200*	*2300*	*2000*	*2400*	*2100*
Other SMSA						
Standard	1600	2100	2200	2100	2200	2000
1-yr Trend	*2400*	*3200*	*3400*	*3200*	*3400*	*3000*
Non-SMSA						
Standard	840	1100	1200	1200	1100	1100
1-yr Trend	*1300*	*1700*	*1800*	*1800*	*1700*	*1700*

TABLE B-10

"Effective N" Values for Additional Variables

Measure	"Effective N"
Use of Marijuana but No Other Illicit Drug	Use "Effective Ns" from Table B-4
Use of Any Illicit Drug(s) Other Than Marijuana	Use "Effective Ns" from Table B-3, column labelled "Life"
Attitudes and Beliefs About Drugs: Perceived Harmfulness Proportions Disapproving Attitude Regarding Legality	Divide the actual Ns located in Tables 13-1, 13-2, and 13-3 by 2.0 for "Standard" values and by 1.56 for "1-yr Trend" values.
The Social Milieu: Parental Disapproval Exposure to Drug Use Perceived Availability of Drugs	Divide the actual Ns located in Table 14-1, 15-2, 15-4, and 16-1 by 2.0 for "Standard" values and by 1.56 for "1-yr Trend" values.
Probability of Future Use	Divide the actual Ns located in Table 6 of the chapter for the drug in question (Table 2-6 for marijuana/hashish, for example) by 2.0 for "Standard" values and by 1.56 for "1-yr Trend" values.
Thirty-Day Prevalence of Daily Use	Use "Effective Ns" from Table B-9 for marijuana, alcohol, and cigarettes. For the other drug classes, divide the actual Ns in Table 1-6 by 1.21.
Adjusted Prevalence for Hallucinogens	Take the geometric mean of the one-form N and the five-form N, and divide that by 1.56.
Adjusted Prevalence for Inhalants	Take the geometric mean of the one-form N and the four-form N, and divide that by 1.56.

TABLE B-11

Confidence Intervals (95% Confidence Level) Around Percentage Values

GUIDE TO USING THIS TABLE:

1. Locate the portion of the table with the "Observed Percentage" value closest to the percentage in question (for 2.9% use the column labelled 3% at the top and 97% at the bottom).

2. Locate the "Effective N" value in the table closest to the "Effective N" value obtained from Tables B-2 through B-8 (for an "Effective N" of 2700, choose the row marked 3000).

3. Locate the table entries that correspond to the "Observed Percentage" and "Effective N" chosen (in this case, 0.6 and 0.7).

4. For observed percentages found at the top of the table, i.e. ones between 1% and 50%, subtract the left entry (0.6) from the real observed percentage (2.9 - 0.6 = 2.3%) to get the lower confidence limit. Add the right entry (0.7) to the observed percentage (2.9 + 0.7 = 3.6%) to get the upper confidence limit. (Thus, in this case, the confidence interval around 2.9% extends from 2.3% to 3.6%.)

5. For observed percentages found at the bottom of the table, i.e. ones between 50% and 99%, the process is reversed. For example, if the observed percentage was actually 97.1% with Effective N = 2700, the appropriate table entries would once again be 0.6 and 0.7. But for observed percentages between 50% and 99%, we must add the left entry to the observed percentage (97.1 + 0.6 = 97.7%) and subtract the right entry (97.1 - 0.7 = 96.4%) to get the confidence limits. (Thus, the confidence interval around 97.1% extends from 96.4% to 97.7%.)

6. A handy check on the above steps is to observe that the confidence interval is always smaller in the direction closest to the nearest limit (0% or 100%). (So, for example, the confidence interval around 2.9% in (4) above does not extend as far toward 0% as it does toward the more distant end of the scale. Similarly, the confidence interval around 97.1% does not extend as far toward 100% as it does toward the farther end of the scale.)

TABLE B-11

Confidence Intervals (95% Confidence Level) Around Percentage Values

FOR OBSERVED PERCENTAGES FROM 1% TO 50%, READ DOWN THE APPROPRIATE COLUMN:

"Effective N"--Obtain values from Tables B-2 through B-8	1%		3%		5%		10%		15%		20%		30%		50%
	-	+	-	+	-	+	-	+	-	+	-	+	-	+	±
100	0.8	4.4	2.0	5.5	2.8	6.2	4.5	7.4	5.7	8.3	6.7	8.9	8.1	9.6	9.6
200	0.7	2.6	1.6	3.4	2.3	4.0	3.4	4.9	4.3	5.6	5.0	6.1	5.9	6.7	6.9
300	0.7	1.9	1.4	2.6	1.9	3.1	2.9	3.9	3.6	4.5	4.1	4.9	4.9	5.4	5.6
400	0.6	1.5	1.3	2.2	1.7	2.6	2.6	3.3	3.2	3.8	3.6	4.2	4.3	4.7	4.9
500	0.6	1.3	1.2	1.9	1.6	2.3	2.3	2.9	2.9	3.4	3.3	3.7	3.9	4.2	4.4
700	0.5	1.0	1.0	1.5	1.4	1.9	2.0	2.4	2.5	2.8	2.8	3.1	3.3	3.5	3.7
1000	0.5	0.8	0.9	1.3	1.2	1.5	1.7	2.0	2.1	2.3	2.4	2.6	2.8	2.9	3.1
1500	0.4	0.6	0.8	1.0	1.0	1.2	1.4	1.6	1.7	1.9	1.9	2.1	2.3	2.4	2.5
2000	0.4	0.5	0.7	0.8	0.9	1.0	1.2	1.4	1.5	1.6	1.7	1.8	2.0	2.0	2.2
3000	0.3	0.4	0.6	0.7	0.7	0.8	1.0	1.1	1.2	1.3	1.4	1.5	1.6	1.7	1.8
4000	0.3	0.4	0.5	0.6	0.6	0.7	0.9	1.0	1.1	1.1	1.2	1.3	1.4	1.4	1.5
5000	0.2	0.3	0.4	0.5	0.6	0.6	0.8	0.9	1.0	1.0	1.1	1.1	1.3	1.3	1.4
7000	0.2	0.3	0.4	0.4	0.5	0.5	0.7	0.7	0.8	0.9	0.9	1.0	1.1	1.1	1.2
10000	0.2	0.2	0.3	0.4	0.4	0.4	0.6	0.6	0.7	0.7	0.8	0.8	0.9	0.9	1.0
	+	-	+	-	+	-	+	-	+	-	+	-	+	-	±
	99%		97%		95%		90%		85%		80%		70%		50%

FOR OBSERVED PERCENTAGES FROM 50% TO 99%, READ UP THE APPROPRIATE COLUMN:

NOTE: Table entries have been computed using the following formulas:

$$p_L = p - 1.96\sqrt{(p_L\ (1-p_L)\ /\ N)}$$

$$p_U = p + 1.96\sqrt{(p_U\ (1-p_U)\ /\ N)}$$

where p_L is the lower limit of the confidence interval and p_U is the upper limit of the confidence interval.

For the .01 confidence interval values, multiply the table entries by 1.1314.

For the .001 confidence interval values, multiply the table entries by 1.679.

These computations assume simple random sampling; therefore, "Effective N" values must be used in entering the table.

TABLE B-12

Confidence Intervals (95% Confidence Level) for Differences Between Two Percentages

GUIDE TO USING THIS TABLE:

1. Locate the portion of the table with "p" value closest to the two percentage values being compared (e.g., for comparing a value of 29.2% with one of 33.4%, the "p" = 30% or 70% portion of the table would be correct).

2. Locate the specific entry closest to the "Effective N" values for the two percentages (e.g., if those values were about 3800 and 5200 for 29.2% and 33.4%, the correct table entry would be 1.9).

3. That table entry, when added to and subtracted from the difference between the two percentages, yields the 95% confidence interval for the difference. (In the above illustration that would be 4.2 ± 1.9%, or an interval from 2.3% to 6.1%.)

4. Also, if the table entry is smaller than the difference between the two percentages (as is true for the above illustration), then the difference is statistically significant at the 95% level.

NOTES: The table entries have been computed using the following formula:

$$1.96\sqrt{p(1-p)\left(\frac{1}{N_1}+\frac{1}{N_2}\right)}$$

For the .01 confidence interval values, multiply the table entries by 1.314.

For the .001 confidence interval values, multiply the table entries by 1.679.

These computations assume simple random sampling; therefore, "Effective N" values must be used in entering the table.

TABLE B-12 *(cont)*

"Effective N"--Obtain values from Tables B-2 through B-10

p = 1% or 99%

"Effective N"	100	200	300	400	500	700	1000	1500	2000	3000	4000	5000	7000	10000
100	2.8													
200	2.4	2.0												
300	2.3	1.8	1.6											
400	2.2	1.7	1.5	1.4										
500	2.1	1.6	1.4	1.3	1.2									
700	2.1	1.6	1.3	1.2	1.1	1.0								
1000	2.0	1.5	1.3	1.2	1.1	1.0	0.9							
1500	2.0	1.5	1.2	1.1	1.0	0.9	0.8	0.7						
2000	2.0	1.4	1.2	1.1	1.0	0.9	0.8	0.7	0.6					
3000	2.0	1.4	1.2	1.0	0.9	0.8	0.7	0.6	0.6	0.5				
4000	2.0	1.4	1.2	1.0	0.9	0.8	0.7	0.6	0.5	0.5	0.4			
5000	2.0	1.4	1.2	1.0	0.9	0.8	0.7	0.6	0.5	0.5	0.4	0.4		
7000	2.0	1.4	1.1	1.0	0.9	0.8	0.7	0.6	0.5	0.4	0.4	0.4	0.3	
10000	2.0	1.4	1.1	1.0	0.9	0.8	0.6	0.5	0.5	0.4	0.4	0.3	0.3	0.3

p = 3% or 97%

"Effective N"	100	200	300	400	500	700	1000	1500	2000	3000	4000	5000	7000	10000
100	4.7													
200	4.1	3.3												
300	3.9	3.1	2.7											
400	3.7	2.9	2.6	2.4										
500	3.7	2.8	2.4	2.2	2.1									
700	3.6	2.7	2.3	2.1	2.0	1.8								
1000	3.5	2.6	2.2	2.0	1.8	1.6	1.5							
1500	3.5	2.5	2.1	1.9	1.7	1.5	1.4	1.2						
2000	3.4	2.5	2.1	1.8	1.7	1.5	1.3	1.1	1.1					
3000	3.4	2.4	2.0	1.8	1.6	1.4	1.2	1.1	1.0	0.9				
4000	3.4	2.4	2.0	1.8	1.6	1.4	1.2	1.0	0.9	0.8	0.7			
5000	3.4	2.4	2.0	1.7	1.6	1.3	1.2	1.0	0.9	0.8	0.7	0.7		
7000	3.4	2.4	2.0	1.7	1.5	1.3	1.1	1.0	0.8	0.7	0.7	0.6	0.6	
10000	3.4	2.4	2.0	1.7	1.5	1.3	1.1	0.9	0.8	0.7	0.6	0.6	0.5	0.5

p = 5% or 95%

"Effective N"	100	200	300	400	500	700	1000	1500	2000	3000	4000	5000	7000	10000
100	6.0													
200	5.2	4.3												
300	4.9	3.9	3.5											
400	4.8	3.7	3.3	3.0										
500	4.7	3.6	3.1	2.9	2.7									
700	4.6	3.4	2.9	2.7	2.5	2.3								
1000	4.5	3.3	2.8	2.5	2.3	2.1	1.9							
1500	4.4	3.2	2.7	2.4	2.2	2.0	1.7	1.6						
2000	4.4	3.2	2.6	2.3	2.1	1.9	1.7	1.5	1.4					
3000	4.3	3.1	2.6	2.3	2.1	1.8	1.6	1.4	1.2	1.1				
4000	4.3	3.1	2.6	2.2	2.0	1.8	1.5	1.3	1.2	1.0	1.0			
5000	4.3	3.1	2.5	2.2	2.0	1.7	1.5	1.3	1.1	1.0	0.9	0.9		
7000	4.3	3.1	2.5	2.2	2.0	1.7	1.4	1.2	1.1	0.9	0.8	0.8	0.7	
10000	4.3	3.1	2.5	2.2	2.0	1.7	1.4	1.2	1.0	0.9	0.8	0.7	0.7	0.6

p = 10% or 90%

"Effective N"	100	200	300	400	500	700	1000	1500	2000	3000	4000	5000	7000	10000
100	8.3													
200	7.2	5.9												
300	6.8	5.4	4.8											
400	6.6	5.1	4.5	4.2										
500	6.4	4.9	4.3	3.9	3.7									
700	6.3	4.7	4.1	3.7	3.4	3.1								
1000	6.2	4.6	3.9	3.5	3.2	2.9	2.6							
1500	6.1	4.4	3.7	3.3	3.0	2.7	2.4	2.1						
2000	6.0	4.4	3.6	3.2	2.9	2.6	2.3	2.0	1.9					
3000	6.0	4.3	3.6	3.1	2.8	2.5	2.1	1.9	1.7	1.5				
4000	6.0	4.3	3.5	3.1	2.8	2.4	2.1	1.8	1.6	1.4	1.3			
5000	5.9	4.2	3.5	3.1	2.8	2.4	2.0	1.7	1.6	1.4	1.2	1.2		
7000	5.9	4.2	3.5	3.0	2.7	2.3	2.0	1.7	1.5	1.3	1.2	1.1	1.0	
10000	5.9	4.2	3.4	3.0	2.7	2.3	2.0	1.6	1.4	1.2	1.1	1.0	0.9	0.8

TABLE B-12 *(cont)*

"Effective N"--Obtain values from Tables B-2 through B-10

p = 15% or 85%

"Effective N"	100	200	300	400	500	700	1000	1500	2000	3000	4000	5000	7000	10000
100	9.9													
200	8.6	7.0												
300	8.1	6.4	5.7											
400	7.8	6.1	5.3	4.9										
500	7.7	5.9	5.1	4.7	4.4									
700	7.5	5.6	4.8	4.4	4.1	3.7								
1000	7.3	5.4	4.6	4.1	3.8	3.4	3.1							
1500	7.2	5.3	4.4	3.9	3.6	3.2	2.9	2.6						
2000	7.2	5.2	4.3	3.8	3.5	3.1	2.7	2.4	2.2					
3000	7.1	5.1	4.2	3.7	3.4	2.9	2.6	2.2	2.0	1.8				
4000	7.1	5.1	4.2	3.7	3.3	2.9	2.5	2.1	1.9	1.7	1.6			
5000	7.1	5.0	4.2	3.6	3.3	2.8	2.4	2.1	1.9	1.6	1.5	1.4		
7000	7.0	5.0	4.1	3.6	3.2	2.8	2.4	2.0	1.8	1.5	1.4	1.3	1.2	
10000	7.0	5.0	4.1	3.6	3.2	2.7	2.3	1.9	1.7	1.5	1.3	1.2	1.1	1.0

p = 20% or 80%

"Effective N"	100	200	300	400	500	700	1000	1500	2000	3000	4000	5000	7000	10000
100	11.1													
200	9.6	7.8												
300	9.1	7.2	6.4											
400	8.8	6.8	6.0	5.5										
500	8.6	6.6	5.7	5.3	5.0									
700	8.4	6.3	5.4	4.9	4.6	4.2								
1000	8.2	6.1	5.2	4.6	4.3	3.9	3.5							
1500	8.1	5.9	5.0	4.4	4.0	3.6	3.2	2.9						
2000	8.0	5.8	4.9	4.3	3.9	3.4	3.0	2.7	2.5					
3000	8.0	5.7	4.7	4.2	3.8	3.3	2.9	2.5	2.3	2.0				
4000	7.9	5.7	4.7	4.1	3.7	3.2	2.8	2.4	2.1	1.9	1.8			
5000	7.9	5.7	4.7	4.1	3.7	3.2	2.7	2.3	2.1	1.8	1.7	1.6		
7000	7.9	5.6	4.6	4.0	3.6	3.1	2.7	2.2	2.0	1.7	1.6	1.5	1.3	
10000	7.9	5.6	4.6	4.0	3.6	3.1	2.6	2.2	1.9	1.6	1.5	1.4	1.2	1.1

p = 30% or 70%

"Effective N"	100	200	300	400	500	700	1000	1500	2000	3000	4000	5000	7000	10000
100	12.7													
200	11.0	9.0												
300	10.4	8.2	7.3											
400	10.0	7.8	6.9	6.4										
500	9.8	7.5	6.6	6.0	5.7									
700	9.6	7.2	6.2	5.6	5.3	4.8								
1000	9.4	7.0	5.9	5.3	4.9	4.4	4.0							
1500	9.3	6.8	5.7	5.1	4.6	4.1	3.7	3.3						
2000	9.2	6.7	5.6	4.9	4.5	3.9	3.5	3.1	2.8					
3000	9.1	6.6	5.4	4.8	4.3	3.8	3.3	2.8	2.6	2.3				
4000	9.1	6.5	5.4	4.7	4.3	3.7	3.2	2.7	2.5	2.2	2.0			
5000	9.1	6.5	5.3	4.7	4.2	3.6	3.1	2.6	2.4	2.1	1.9	1.8		
7000	9.0	6.4	5.3	4.6	4.2	3.6	3.0	2.6	2.3	2.0	1.8	1.7	1.5	
10000	9.0	6.4	5.3	4.6	4.1	3.5	3.0	2.5	2.2	1.9	1.7	1.6	1.4	1.3

p = 50%

"Effective N"	100	200	300	400	500	700	1000	1500	2000	3000	4000	5000	7000	10000
100	13.9													
200	12.0	9.8												
300	11.3	8.9	8.0											
400	11.0	8.5	7.5	6.9										
500	10.7	8.2	7.2	6.6	6.2									
700	10.5	7.9	6.8	6.1	5.7	5.2								
1000	10.3	7.6	6.5	5.8	5.4	4.8	4.4							
1500	10.1	7.4	6.2	5.5	5.1	4.5	4.0	3.6						
2000	10.0	7.3	6.1	5.4	4.9	4.3	3.8	3.3	3.1					
3000	10.0	7.2	5.9	5.2	4.7	4.1	3.6	3.1	2.8	2.5				
4000	9.9	7.1	5.9	5.1	4.6	4.0	3.5	3.0	2.7	2.4	2.2			
5000	9.9	7.1	5.8	5.1	4.6	4.0	3.4	2.9	2.6	2.3	2.1	2.0		
7000	9.9	7.0	5.8	5.0	4.5	3.9	3.3	2.8	2.5	2.1	1.9	1.8	1.7	
10000	9.8	7.0	5.7	5.0	4.5	3.8	3.3	2.7	2.4	2.0	1.8	1.7	1.5	1.4

TABLE B-13

Design Effects Used to Compute "Effective N" Tables for Percent Using Drugs

			Hallucinogens Cocaine Stimulants Sedatives Tranquilizers Cigarettes*			Inhalants Heroin Other Opiates		
	Alcohol	Marihuana	Life	Year	Month	Life	Year	Month
All seniors								
Standard	10.89	7.84	5.66	4.41	3.35	3.06	2.56	2.10
1-yr Trend	*5.66*	*4.33*	*3.35*	*2.76*	*2.25*	*2.10*	*1.85*	*1.61*
Sex:								
Male								
Standard	5.29	4.00	3.53	2.89	2.34	2.25	1.96	1.69
1-yr Trend	*3.17*	*2.56*	*2.34*	*2.02*	*1.74*	*1.69*	*1.54*	*1.39*
Comparison	2.72	2.25	2.07	1.82	1.61	1.56	1.44	1.32
Female								
Standard	7.84	5.76	3.53	2.89	2.34	2.25	1.96	1.69
1-yr Trend	*4.33*	*3.39*	*2.34*	*2.02*	*1.74*	*1.69*	*1.54*	*1.39*
Comparison	3.61	2.89	2.07	1.82	1.61	1.56	1.44	1.32
College Plans:								
None or under 4 yrs								
Standard	5.29	4.00	3.53	2.89	2.34	2.25	1.96	1.69
1-yr Trend	*3.17*	*2.56*	*2.34*	*2.02*	*1.74*	*1.69*	*1.54*	*1.39*
Comparison	3.17	2.56	2.34	2.02	1.74	1.69	1.54	1.39
Complete 4 yrs								
Standard	7.84	5.76	3.53	2.89	2.34	2.25	1.96	1.69
1-yr Trend	*4.33*	*3.39*	*2.34*	*2.02*	*1.74*	*1.69*	*1.54*	*1.39*
Comparison	4.33	3.39	2.34	2.02	1.74	1.69	1.54	1.39
Region:								
Northeast, North Central, and South								
Standard	7.84	6.76	5.66	4.41	3.35	3.06	2.56	2.10
1-yr Trend	*4.33*	*3.84*	*3.35*	*2.76*	*2.25*	*2.10*	*1.85*	*1.61*
West								
Standard	28.09	19.36	7.56	5.76	4.20	3.53	2.89	2.34
1-yr Trend	*4.33*	*3.84*	*3.35*	*2.76*	*2.25*	*2.10*	*1.85*	*1.61*
Population Density:								
Large SMSA								
Standard	7.84	5.76	5.66	4.41	3.35	3.06	2.56	2.10
1-yr Trend	*4.33*	*3.39*	*3.35*	*2.76*	*2.25*	*2.10*	*1.85*	*1.61*
Other SMSA								
Standard	13.69	11.56	5.66	4.41	3.35	3.06	2.56	2.10
1-yr Trend	*4.33*	*3.39*	*3.35*	*2.76*	*2.25*	*2.10*	*1.85*	*1.61*
Non-SMSA								
Standard	7.84	5.76	5.66	4.41	3.35	3.06	2.56	2.10
1-yr Trend	*4.33*	*3.39*	*3.35*	*2.76*	*2.25*	*2.10*	*1.85*	*1.61*

---

*Use "year" column for monthly cigarette values.

TABLE B-14

Design Effects Used to Compute "Effective N" Tables for Use Prior to Tenth Grade and Thirty-Day Prevalence of Daily Use

	Use Prior to Tenth Grade		Daily Prevalence in Last Thirty Days
	Marihuana Alcohol	All Other Drugs	Marihuana Alcohol Cigarettes
All seniors			
Standard	2.25	1.37	3.61
1-yr Trend	*1.69*	*1.21*	*2.37*
Sex:			
Male			
Standard	2.25	1.37	2.89
1-yr Trend	*1.69*	*1.21*	*2.02*
Comparison	1.56	1.19	1.82
Female			
Standard	2.25	1.37	2.40
1-yr Trend	*1.69*	*1.21*	*1.77*
Comparison	1.56	1.19	1.64
College Plans:			
None or under 4 yrs			
Standard	2.25	1.37	2.89
1-yr Trend	*1.69*	*1.21*	*2.02*
Comparison	1.69	1.21	2.02
Complete 4 yrs			
Standard	2.25	1.37	2.40
1-yr Trend	*1.69*	*1.21*	*1.77*
Comparison	1.69	1.21	1.77
Region:			
Northeast			
Standard	2.25	1.37	3.61
1-yr Trend	*1.69*	*1.21*	*2.37*
North Central			
Standard	2.25	1.37	3.61
1-yr Trend	*1.69*	*1.21*	*2.37*
South			
Standard	2.25	1.37	3.61
1-yr Trend	*1.69*	*1.21*	*2.37*
West			
Standard	3.35	1.77	3.61
1-yr Trend	*2.25*	*1.44*	*2.37*
Population Density:			
Large SMSA			
Standard	2.25	1.37	3.61
1-yr Trend	*1.69*	*1.21*	*2.37*
Other SMSA			
Standard	2.25	1.37	3.61
1-yr Trend	*1.69*	*1.21*	*2.37*
Non-SMSA			
Standard	2.25	1.37	3.61
1-yr Trend	*1.69*	*1.21*	*2.37*

Appendix C

GUIDELINES FOR READING AND INTERPRETING THE TABLES

Definitions of Variables

- Operational definitions for all variables, including the actual questionnaire items used, are presented in Appendix D.

Percentages and Rounding Conventions

- All percentages reported in the data tables are based on weighted cases. The weighting was used for reasons outlined in the discussion of sampling procedures in the introduction to this report.
- All percentage values are reported to the nearest tenth of one percent.
- Some tables do not add to exactly 100.0 percent due to rounding.
- Because rounding conventions have been followed consistently, 0.0 is used for all cells having fewer than 0.05 percent respondents. Thus a table entry of 0.0 percent could represent anywhere from zero respondents to as many as eight (weighted) respondents.

Number of Cases Reported in Tables

- As a matter of convenience, most tables show approximate number(s) of (unweighted) cases for the most current year, rounded to the nearest hundred. The actual numbers vary slightly from drug to drug; for the total sample in 1981 the range is from three percent lower to two percent higher than the approximate values shown. For chapters 2 through 12, the actual numbers for the first five tables can be found in the sixth table (total sample), and the actual numbers for the eighth and ninth tables can be found in the seventh table (total sample for two questionnaire forms).
- Tables C-1 and C-2 below present complete numbers of respondents, both weighted and unweighted, for all years and for each of the subgroups as well as for the total samples. The numbers shown in the tables in the report depart from the numbers in C-1 and C-2 due to missing data.

- Because of missing data on the sex item and the college plans item, the numbers for the corresponding subgroups do not add to the total number of cases.

- The 1975 data in most cases are based on only four of the five forms; therefore, the numbers shown for that year tend to be lower than in subsequent years and represent only about 80 percent of the total sample in 1975.

Significance Tests and Confidence Intervals

- In the many tables which present trends across time, tests of the statistical significance of differences between the two most recent classes are included. Appendix B outlines the procedures which were followed in computing these significance tests.

- For the reader interested in computing other significance tests and/or confidence intervals, Appendix B outlines the procedures and provides the necessary tables.

TABLE C-1
Sample Sizes (Unweighted and Weighted) in Subgroups by Year

	Number of Cases																	
	Class of 1975*		Class of 1976		Class of 1977		Class of 1978		Class of 1979		Class of 1980		Class of 1981		Class of 1982		Class of 1983	
	Unwtd	*Wtd*	Unwtd	*Wtd*	Unwtd	*Wtd*	Unwtd	*Wtd*	Unwtd	*Wtd*	Unwtd	*Wtd*	Unwtd	*Wtd*	Unwtd	*Wtd*	Unwtd	*Wtd*
Total Sample:	12627	12113	16678	15145	18436	15839	18924	18924	16662	16662	16524	16524	18267	18267	18348	18348	16947	16947
Sex:																		
Male	5799	5573	7999	7244	8449	7362	8603	8782	7889	7778	7935	7744	8775	8725	8979	8828	8106	8074
Female	6371	6102	7924	7261	9188	7855	9416	9270	8139	8232	7874	8078	8752	8865	8610	8788	8160	8227
College Plans:																		
None or under 4 yrs	**	**	7179	6880	7764	7052	7857	8416	6715	7063	5995	6578	6486	7008	6971	7507	6214	6555
Complete 4 yrs	**	**	7963	6997	8933	7411	9264	8848	8571	8203	9191	8658	10256	9878	9851	9360	9342	9062
Region:																		
Northeast	3014	2697	4034	3572	4760	3961	4841	4609	3926	4016	4281	3877	4269	4290	4719	4741	4130	4056
North Central	3951	3834	5098	4689	5697	4761	5576	5414	5385	4874	4340	4873	5069	5484	5223	5383	4245	4784
South	3366	3858	4177	4599	4908	4822	5566	6295	4713	5055	4667	5049	5513	5600	5191	5551	5522	5434
West	2296	1725	3369	2286	3071	2295	2941	2607	2638	2717	3236	2726	3416	2893	3215	2672	3050	2673
Population Density:																		
Large SMSA	3826	2874	5158	3939	5852	4263	5904	4861	4744	4250	5017	4119	5702	4749	5934	4996	5219	4363
Other SMSA	5767	4964	7475	5971	8386	6446	8485	8322	7682	7006	7385	6979	7992	7432	8277	7528	7455	7053
Non-SMSA	3034	4275	4045	5235	4198	5131	4535	5742	4236	5406	4122	5426	4573	6087	4137	5823	4273	5531

NOTE: See Appendix D for definition of variables in table.

*The number of cases in 1975 is lower than in subsequent years because the data from one of the five questionnaire forms are intentionally not included.

**Missing data problems were severe for college plans in 1975; accordingly, these data have been excluded from all tables in this report.

TABLE C-2
Sample Sizes (Unweighted and Weighted) in Subgroups by Year for Questions on a Single Form*

	Number of Cases																	
	Class of 1975		Class of 1976		Class of 1977		Class of 1978		Class of 1979		Class of 1980		Class of 1981		Class of 1982		Class of 1983	
	Unwtd	*Wtd*	Unwtd	*Wtd*	Unwtd	*Wtd*	Unwtd	*Wtd*	Unwtd	*Wtd*	Unwtd	*Wtd*	Unwtd	*Wtd*	Unwtd	*Wtd*	Unwtd	*Wtd*
Total Sample	3157	*3028*	3336	*3029*	3687	*3168*	3785	*3785*	3332	*3332*	3305	*3305*	3653	*3653*	3670	*3670*	3389	*3389*
Sex:																		
Male	1450	*1393*	1600	*1449*	1690	*1472*	1721	*1756*	1578	*1556*	1587	*1549*	1755	*1745*	1796	*1766*	1621	*1615*
Female	1593	*1526*	1585	*1452*	1838	*1571*	1883	*1854*	1628	*1646*	1575	*1616*	1750	*1773*	1722	*1758*	1632	*1645*
College Plans:																		
None or under 4 yrs	**	**	1436	*1376*	1553	*1410*	1571	*1683*	1343	*1413*	1199	*1316*	1297	*1402*	1394	*1501*	1243	*1311*
Complete 4 yrs	**	**	1593	*1399*	1787	*1482*	1853	*1770*	1714	*1641*	1838	*1732*	2051	*1976*	1970	*1872*	1868	*1812*
Region:																		
Northeast	754	*674*	807	*714*	952	*792*	968	*922*	785	*803*	856	*775*	854	*858*	944	*948*	826	*811*
North Central	988	*958*	1020	*938*	1139	*952*	1115	*1083*	1077	*975*	868	*975*	1014	*1097*	1045	*1077*	849	*957*
South	842	*964*	835	*920*	982	*964*	1113	*1259*	943	*1011*	933	*1010*	1103	*1120*	1038	*1110*	1104	*1087*
West	574	*431*	674	*457*	614	*459*	588	*521*	528	*543*	647	*545*	683	*579*	643	*534*	610	*535*
Population Density:																		
Large SMSA	956	*718*	1032	*788*	1170	*853*	1181	*972*	949	*850*	1003	*824*	1140	*950*	1187	*999*	1044	*873*
Other SMSA	1442	*1241*	1495	*1194*	1677	*1289*	1697	*1664*	1536	*1401*	1477	*1396*	1598	*1486*	1655	*1506*	1491	*1411*
Non-SMSA	758	*1069*	809	*1047*	840	*1026*	907	*1148*	847	*1081*	824	*1085*	915	*1217*	827	*1165*	855	*1106*

NOTE: See Appendix D for definition of variables in table.

*The Ns given here are very close approximations of the N in the given subgroup for any of the five different questionnaire forms used in the year.

**Missing data problems were severe for college plans in 1975; accordingly, these data have been excluded from all tables in this report.

Appendix D

QUESTIONNAIRE CONTENT AND VARIABLE DEFINITION

Table of Contents

I. Drug Usage Variables PAGE

Cigarettes 437
Alcohol 438
Marijuana/Hashish 439
  History of Daily Use 440
Hallucinogens
  Unadjusted 441
  Adjusted 442
Cocaine 442
Stimulants
  Unadjusted 443
  Adjusted 443
Sedatives 446
Tranquilizers 449
Heroin 451
Other Opiates 452
Inhalants
  Unadjusted 454
  Adjusted 454
PCP 455
Nitrites 455
Marijuana Only 456
Illicit Drug Use (Other than Marijuana) 456
Prescription Stimulants 456
  Diet Pills 456
  Stay-Awake Pills 457
  Look-alike Pills 458
Probability of Future Use of Drugs 459
Grade of First Use of Drugs 460
Degree and Duration of Feeling High 461

II. Background and Demographic Variables

Sex 462
College Plans 462
Region 462
Population Density 463

III. Attitude and Belief Measures

Perceived Harmfulness of Drugs 464
Disapproval of Drug Use 465
Attitudes Regarding Legality of Drug Use 466
Attitudes Regarding Marijuana Laws 467

IV. Attitudes and Beliefs of Parents and Friends

Parents' Disapproval of Drug Use 468
Friends' Disapproval of Drug Use 469

V. Exposure to Drug Use

Exposure to Drug Use 470
Friends' Use of Drugs 471

VI. Perceived Availability of Drugs 472

Notes 473

Questionnaire Cover and Instructions 474

Inside Cover 475

I. DRUG USAGE VARIABLES

Cigarettes	**PART B** **The following questions are about cigarette smoking.**
Lifetime Prevalence/Frequency*. . . .	**1. Have you ever smoked cigarettes?** ① Never–**GO TO QUESTION 3** ② Once or twice ③ Occasionally but not regularly ④ Regularly in the past ⑤ Regularly now
Thirty-Day Prevalence/Frequency*. . .	**2. How frequently have you smoked cigarettes during the past 30 days?** ① Not at all ② Less than one cigarette per day ③ One to five cigarettes per day ④ About one-half pack per day ⑤ About one pack per day ⑥ About one and one-half packs per day ⑦ Two packs or more per day
Prevalence/Recency	This variable is derived from the two preceding questions. See Note 2 at the end of this appendix for details.
Prevalence of Daily Use	This variable is derived by combining categories 3 through 7 on Q. 2 above.
Thirty-Day Prevalence of Half-Pack a Day or More	This variable is derived by combining categories 4 through 7 on Q. 2 above.

---

*For the distinction between prevalence and frequency see Note 1 at the end of this appendix.

Alcohol

3. Next we want to ask you about drinking alcoholic beverages, including beer, wine, and liquor.

Have you ever had any beer, wine, or liquor to drink?

① **No–GO TO THE TOP OF THE NEXT COLUMN**
② Yes

	4. On how many occasions have you had alcoholic beverages to drink. . . (Mark one circle for each line.)	0 Occasions	1-2 Occasions	3-5 Occasions	6-9 Occasions	10-19 Occasions	20-39 Occasions	40 or More
Lifetime Prevalence/Frequency* . . .	a. ...in your lifetime?	○	○	○	○	○	○	○
Annual Prevalence/Frequency*	b. ...during the last 12 months? ...	○	○	○	○	○	○	○
Thirty-Day Prevalence/Frequency* . .	c. ...during the last 30 days?	○	○	○	○	○	○	○

Prevalence/Recency	This variable is derived from the three preceding questions. See Note 2 at the end of this appendix for details.
Prevalence of Daily Use	This variable is derived by combining the percent answering "20 to 39 occasions" and the percent answering "40 or more occasions" on Q. 4c above.

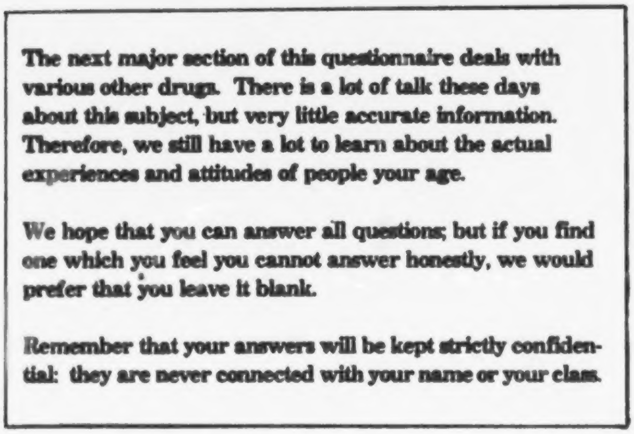
Frequency of Heavy Drinking . . . .

6. Think back over the LAST TWO WEEKS. How many times have you had five or more drinks in a row? (A "drink" is a glass of wine, a bottle of beer, a shot glass of liquor, or a mixed drink.)

① None
② Once
③ Twice
④ Three to five times
⑤ Six to nine times
⑥ Ten or more times

---

[*] For the distinction between prevalence and frequency see Note 1 at the end of this appendix.

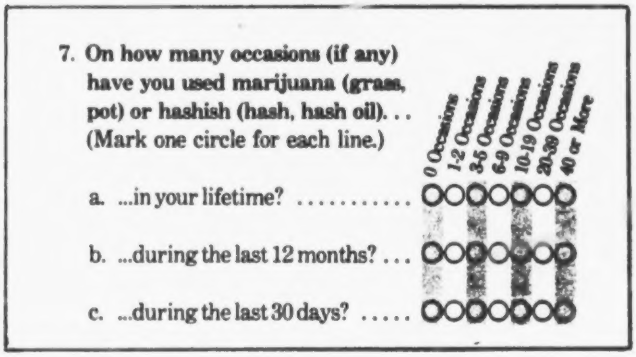


The next major section of this questionnaire deals with various other drugs. There is a lot of talk these days about this subject, but very little accurate information. Therefore, we still have a lot to learn about the actual experiences and attitudes of people your age.

We hope that you can answer all questions; but if you find one which you feel you cannot answer honestly, we would prefer that you leave it blank.

Remember that your answers will be kept strictly confidential: they are never connected with your name or your class.

Marihuana/Hashish



7. On how many occasions (if any) have you used marijuana (grass, pot) or hashish (hash, hash oil). . . (Mark one circle for each line.)

		0 Occasions	1-2 Occasions	3-5 Occasions	6-9 Occasions	10-19 Occasions	20-39 Occasions	40 or More
Lifetime Prevalence/Frequency[*] . . .	a. ...in your lifetime?	○	○	○	○	○	○	○
Annual Prevalence/Frequency[*]	b. ...during the last 12 months? . . .	○	○	○	○	○	○	○
Thirty-Day Prevalence/Frequency[*]. .	c. ...during the last 30 days?	○	○	○	○	○	○	○

Prevalence/Recency	This variable is derived from the three preceding questions. See Note 2 at the end of this appendix for details.
Prevalence of Daily Use (Thirty-Day)	This variable is derived by combining the percent answering "20 to 39 occasions" and the percent answering "40 or more occasions" on Q. 7c above.

---

[*] For the distinction between prevalence and frequency see Note 1 at the end of this appendix.

Marijuana/Hashish, Continued

From questionnaire form 1

Prevalence of Daily Use (Lifetime) . .

28. **Thinking back over your whole life, has there ever been a period when you used marijuana or hashish on a daily, or almost daily, basis for at least a month?**

① No—**GO TO QUESTION 32**
② Yes

Grade of First Daily Use . . . . . .

29. **How old were you when you first smoked marijuana or hashish that frequently?**

① Grade 6 or earlier
② Grade 7 or 8
③ Grade 9 (Freshman)
④ Grade 10 (Sophomore)
⑤ Grade 11 (Junior)
⑥ Grade 12 (Senior)

Recency of Daily Use . . . .

30. **How recently did you use marijuana or hashish on a daily, or almost daily, basis for at least a month?**

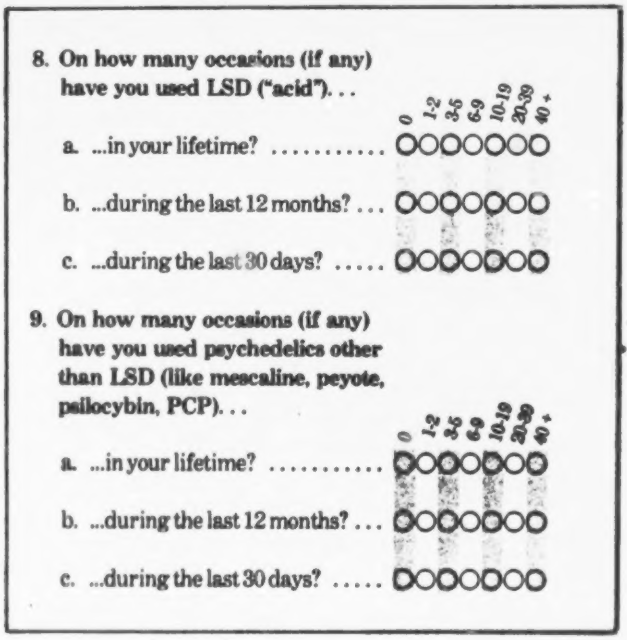
○ During the past month
○ 2 months ago
○ 3 to 9 months ago
○ About 1 year ago
○ About 2 years ago
○ 3 or more years ago

Duration of Daily Use . . . .

31. **Over your whole lifetime, during how many months have you used marijuana or hashish on a daily or near-daily basis?**

① Less than 3 months
② 3 to 9 months
③ About 1 year
④ About 1 and ½ years
⑤ About 2 years
⑥ About 3 to 5 years
⑦ 6 to 9 years
⑧ 10 or more years

Hallucinogens (Unadjusted for known underreporting of PCP)



8. On how many occasions (if any) have you used LSD ("acid")...

	0	1-2	3-5	6-9	10-19	20-39	40+
a. ...in your lifetime?	○	○	○	○	○	○	○
b. ...during the last 12 months?	○	○	○	○	○	○	○
c. ...during the last 30 days?	○	○	○	○	○	○	○

9. On how many occasions (if any) have you used psychedelics other than LSD (like mescaline, peyote, psilocybin, PCP)...

	0	1-2	3-5	6-9	10-19	20-39	40+
a. ...in your lifetime?	○	○	○	○	○	○	○
b. ...during the last 12 months?	○	○	○	○	○	○	○
c. ...during the last 30 days?	○	○	○	○	○	○	○

Lifetime Prevalence/Frequency* . . .	Questions 8a and 9a combined. See Note 3 at the end of this appendix for details.
Annual Prevalence/Frequency*	Questions 8b and 9b combined. See Note 3 at the end of this appendix for details.
Thirty-Day Prevalence/Frequency* . .	Questions 8c and 9c combined. See Note 3 at the end of this appendix for details.
Prevalence/Recency	This variable is derived from the three preceding variables. See Note 2 at the end of this appendix for details.
Prevalence of Daily Use	This variable is derived by combining the percent answering 20 or more occasions on question 8c and/or 9c with the percent answering "10-19 occasions" on both 8c and 9c.

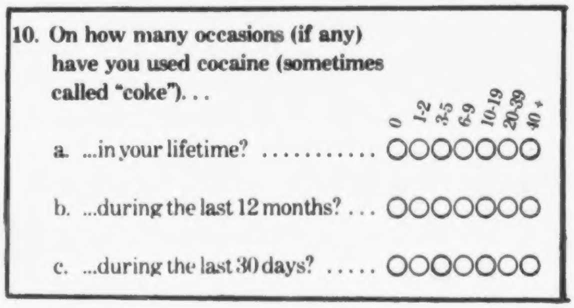
---

*For the distinction between prevalence and frequency see Note 1 at the end of this appendix.

Hallucinogens (Adjusted)

Empirical analyses have shown that some PCP users fail to report their PCP use in the more general hallucinogen use questions, even though they are explicitly instructed to do so. Therefore, an adjustment for the underreporting has been introduced, based on the data from the single questionnaire form on which PCP use is asked. The percent of seniors on that form who report PCP use, but not hallucinogen use (in the comparable time period), is determined. That percent is then added to the percent who report hallucinogen use in that form. The five-form hallucinogen use figure is increased by the same proportion as the single-form estimate. The resulting figure constitutes the adjusted estimate.

Cocaine



10. On how many occasions (if any) have you used cocaine (sometimes called "coke")...

		0	1-2	3-5	6-9	10-19	20-39	40+
Lifetime Prevalence/Frequency*. . . .	a. ...in your lifetime?	○	○	○	○	○	○	○
Annual Prevalence/Frequency*.	b. ...during the last 12 months? ...	○	○	○	○	○	○	○
Thirty-Day Prevalence/Frequency*. . .	c. ...during the last 30 days?	○	○	○	○	○	○	○

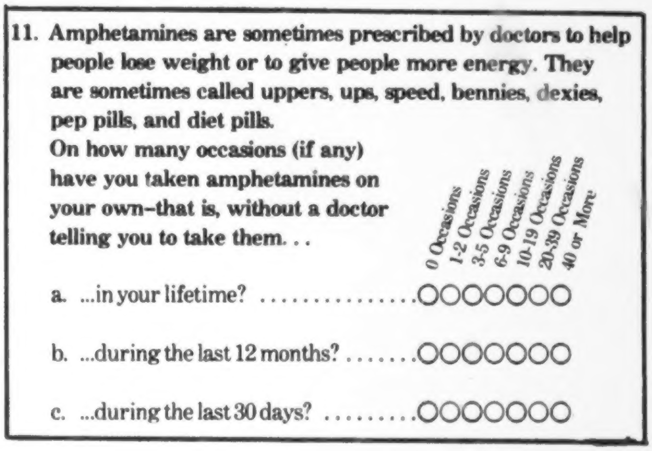
Prevalence/Recency	This variable is derived from the three preceding questions. See Note 2 at the end of this appendix for details.
Prevalence of Daily Use	This variable is derived by combining the percent answering "20 to 39 occasions" and the percent answering "40 or more occasions" on Q. 10c above.

---

*For the distinction between prevalence and frequency see Note 1 at the end of this appendix.

From questionnaire forms 3 and 5

Stimulants, Unadjusted (Original version of the question)*



11. Amphetamines are sometimes prescribed by doctors to help people lose weight or to give people more energy. They are sometimes called uppers, ups, speed, bennies, dexies, pep pills, and diet pills.
On how many occasions (if any) have you taken amphetamines on your own–that is, without a doctor telling you to take them. . .

	0 Occasions	1-2 Occasions	3-5 Occasions	6-9 Occasions	10-19 Occasions	20-39 Occasions	40 or More
a. ...in your lifetime?	○	○	○	○	○	○	○
b. ...during the last 12 months?	○	○	○	○	○	○	○
c. ...during the last 30 days?	○	○	○	○	○	○	○

Lifetime Prevalence/Frequency . . .

Annual Prevalence/Frequency . . . .

Thirty-Day Prevalence/Frequency . .

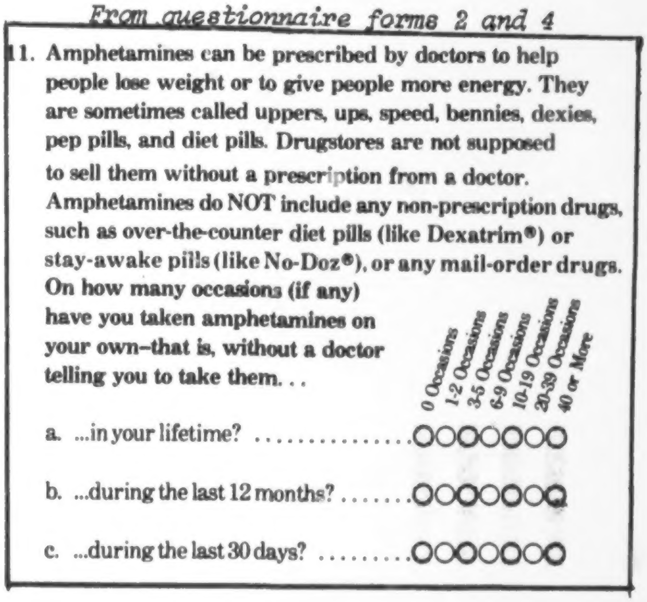
Prevalence/Recency . . . . This variable is derived from the three preceding questions. See Note 2 at the end of this appendix for details.

Prevalence of Daily Use . . . . This variable is derived by combining the percent answering "20 to 39 occasions" and the percent answering "40 or more occasions" on Q. 11c above.

*NOTE: This original version of the question was used in 1975 through 1981 in all forms, in 1982 and 1983 in two forms only, and was dropped beginning in 1984.

From questionnaire forms 2 and 4

Stimulants, Adjusted (Revised version of the question)**



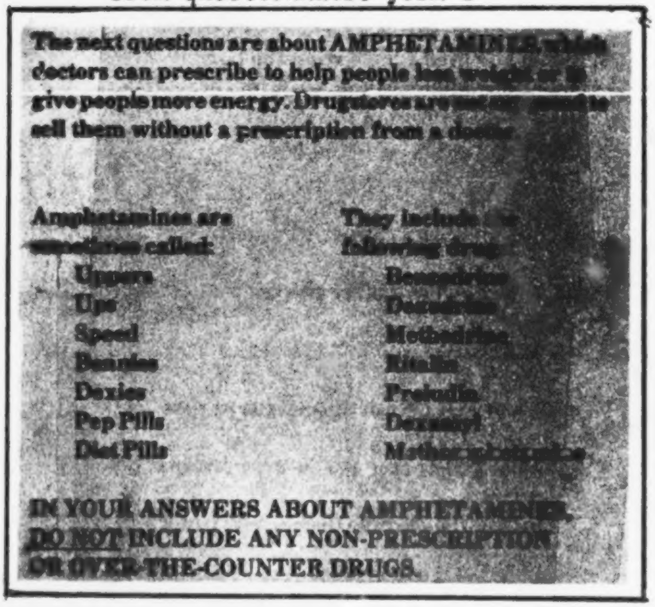
11. Amphetamines can be prescribed by doctors to help people lose weight or to give people more energy. They are sometimes called uppers, ups, speed, bennies, dexies, pep pills, and diet pills. Drugstores are not supposed to sell them without a prescription from a doctor. Amphetamines do NOT include any non-prescription drugs, such as over-the-counter diet pills (like Dexatrim®) or stay-awake pills (like No-Doz®), or any mail-order drugs.
On how many occasions (if any) have you taken amphetamines on your own–that is, without a doctor telling you to take them. . .

	0 Occasions	1-2 Occasions	3-5 Occasions	6-9 Occasions	10-19 Occasions	20-39 Occasions	40 or More
a. ...in your lifetime?	○	○	○	○	○	○	○
b. ...during the last 12 months?	○	○	○	○	○	○	○
c. ...during the last 30 days?	○	○	○	○	○	○	○

**NOTE: The revised questions on stimulant use were introduced in three forms of the questionnaire in 1982 to make clear that non-prescription stimulants should be omitted from consideration. The revised question in Form 1 is slightly different from the revised question in Forms 2 and 4.

Stimulants, Adjusted, continued

*From questionnaire form 1**



The next questions are about AMPHETAMINES, which doctors can prescribe to help people lose weight or to give people more energy. Drugstores are not supposed to sell them without a prescription from a doctor.

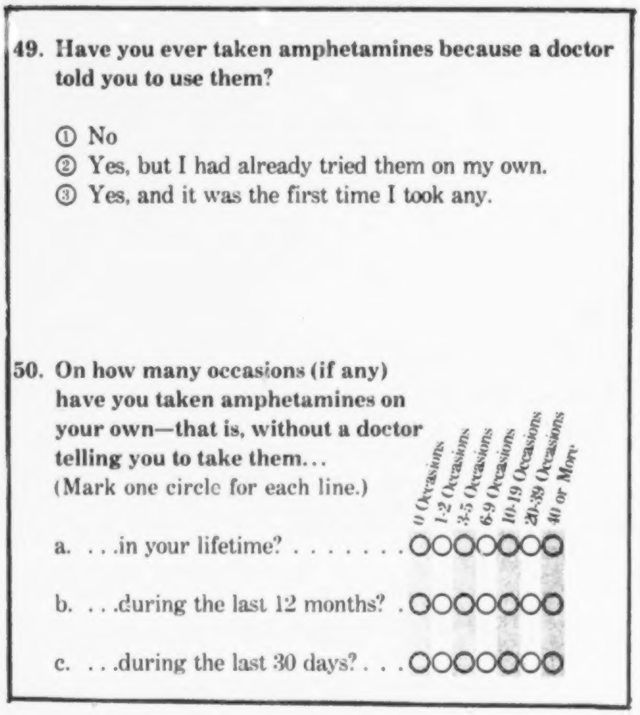
Amphetamines are sometimes called:

- Uppers
- Ups
- Speed
- Bennies
- Dexies
- Pep Pills
- Diet Pills

They include the following drugs:

- Benzedrine
- Dexedrine
- Methedrine
- Ritalin
- Preludin
- Dexamyl
- Methamphetamine

IN YOUR ANSWERS ABOUT AMPHETAMINES, DO NOT INCLUDE ANY NON-PRESCRIPTION OR OVER-THE-COUNTER DRUGS.



49. Have you ever taken amphetamines because a doctor told you to use them?

① No
② Yes, but I had already tried them on my own.
③ Yes, and it was the first time I took any.

50. On how many occasions (if any) have you taken amphetamines on your own—that is, without a doctor telling you to take them...
(Mark one circle for each line.)

	0 Occasions	1-2 Occasions	3-5 Occasions	6-9 Occasions	10-19 Occasions	20-39 Occasions	40 or More
a. ...in your lifetime?	○	○	○	○	○	○	○
b. ...during the last 12 months? .	○	○	○	○	○	○	○
c. ...during the last 30 days? . . .	○	○	○	○	○	○	○

*This section (form 1 only) was preceded by questions about the use of various non-prescription stimulants.

Stimulants, Adjusted, continued

Lifetime Prevalence/Frequency*. . . .	This Variable is derived by combining question 50(a) in Form 1 (given double weight) averaged with question 11(a) in Forms 2 and 4.
Annual Prevalence/Frequency*	This variable is derived by combining question 50(b) in Form 1 (given double weight) averaged with question 11(b) in Forms 2 and 4.
Thirty-Day Prevalence/Frequency* . .	This variable is derived by combining question 50(c) in Form 1 (given double weight) averaged with question 11(c) in Forms 2 and 4.
Prevalence/Recency	This variable is derived from responses: questions 50(a),(b), and (c) in Form 1 (given double weight), combining with the answers to questions 11(a),(b), and (c), in Forms 2 and 4.
Prevalence of Daily Use	This variable is derived by combining the percent answering "20 or more occasions" on question 50c in Form 1 (given double weight), averaged with question 11(c) in Forms 2 and 4.
Medical Use/Lifetime Prevalence . .	This variable is derived by combining response categories 2 and 3 in Q. 49.

---

*For the distinction between prevalence and frequency see Note 1 at the end of this appendix.

Sedatives

From questionnaire forms 2 through 5

12. On how many occasions (if any) have you used quaaludes (quads, soapers, methaqualone) on your own–that is, without a doctor telling you to take them. . .

	0	1-2	3-5	6-9	10-19	20-39	40+
a. ...in your lifetime?	○	○	○	○	○	○	○
b. ...during the last 12 months?	○	○	○	○	○	○	○
c. ...during the last 30 days?	○	○	○	○	○	○	○

13. Barbiturates are sometimes prescribed by doctors to help people relax or get to sleep. They are sometimes called downs, downers, goofballs, yellows, reds, blues, rainbows. On how many occasions (if any) have you taken barbiturates on your own–that is, without a doctor telling you to take them. . .

	0	1-2	3-5	6-9	10-19	20-39	40+
a. ...in your lifetime?	○	○	○	○	○	○	○
b. ...during the last 12 months?	○	○	○	○	○	○	○
c. ...during the last 30 days?	○	○	○	○	○	○	○

From questionnaire form 1

The next questions are about QUAALUDES (Methaqualone), which are sometimes prescribed by doctors. Drugstores are not supposed to sell them without a prescription.

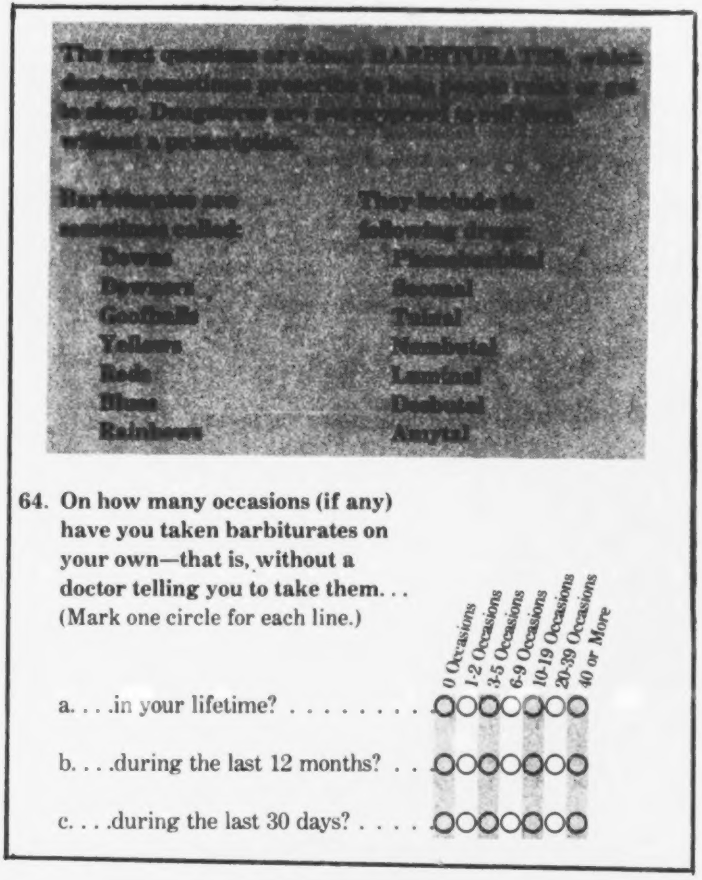
Quaaludes are sometimes called:
Soapers
Quads

60. On how many occasions (if any) have you taken quaaludes on your own—that is, without a doctor telling you to take them. . . (Mark one circle for each line.)

	0 Occasions	1-2 Occasions	3-5 Occasions	6-9 Occasions	10-19 Occasions	20-39 Occasions	40 or More
a. . . .in your lifetime?	○	○	○	○	○	○	○
b. . . .during the last 12 months	○	○	○	○	○	○	○
c. . . .during the last 30 days?	○	○	○	○	○	○	○

Sedatives, continued

From questionnaire form 1



The next questions are about BARBITURATES, which doctors sometimes prescribe to help people relax or get to sleep. Drugstores are not supposed to sell them without a prescription.

Barbiturates are sometimes called:

Downs
Downers
Goofballs
Yellows
Reds
Blues
Rainbows

They include the following drugs:

Phenobarbital
Seconal
Tuinal
Nembutal
Luminal
Desbutal
Amytal

64. On how many occasions (if any) have you taken barbiturates on your own—that is, without a doctor telling you to take them...
(Mark one circle for each line.)

	0 Occasions	1-2 Occasions	3-5 Occasions	6-9 Occasions	10-19 Occasions	20-39 Occasions	40 or More
a. . . .in your lifetime?	○	○	○	○	○	○	○
b. . . .during the last 12 months? . .	○	○	○	○	○	○	○
c. . . .during the last 30 days?	○	○	○	○	○	○	○

Lifetime Prevalence/Frequency* . . .	Questions 60a and 64a from form 1, and 12a and 13a from forms 2-5, combined. See Note 3 at the end of this appendix for details.
Annual Prevalence/Frequency*	Questions 60b and 64b from form 1, and 12b and 13b from forms 2-5, combined. See Note 3 at the end of this appendix for details.
Thirty-Day Prevalence/Frequency* . .	Questions 60c and 64c from form 1, and 12c and 13c from forms 2-5, combined. See Note 3 at the end of this appendix for details.

---

*For the distinction between prevalence and frequency see Note 1 at the end of this appendix.

Sedatives, continued

Prevalence/Recency	This variable is derived from the three preceding variables. See Note 2 at the end of this appendix for details.
Prevalence of Daily Use	This variable is derived by combining the percent answering "20 or more occasions" on question 60c and/or 64c with the percent answering "10-19 occasions" on both 60c and 64c from form 1, and 12c and 13c from forms 2-5.

From questionnaire form 1

63. Have you ever taken barbiturates because a doctor told you to use them?

① No
② Yes, but I had already tried them on my own
③ Yes, and it was the first time I took any

Medical Use/Lifetime Prevalence . . .	This variable is derived by combining response categories 2 and 3 in Q. 63.

Tranquilizers

From questionnaire forms 2 through 5

14. **Tranquilizers are sometimes prescribed by doctors to calm people down, quiet their nerves, or relax their muscles. Librium, Valium, and Miltown are all tranquilizers. On how many occasions (if any) have you taken tranquilizers on your own–that is, without a doctor telling you to take them. . .**

	0	1-2	3-5	6-9	10-19	20-39	40+
a. ...in your lifetime?	○	○	○	○	○	○	○
b. ...during the last 12 months?	○	○	○	○	○	○	○
c. ...during the last 30 days?	○	○	○	○	○	○	○

From questionnaire form 1

The next questions are about TRANQUILIZERS, which doctors sometimes prescribe to calm people down, quiet their nerves, or relax their muscles.

They include the following drugs:

Librium	**Serax**
Valium	**Atarax**
Miltown	**Tranxene**
Equanil	**Vistaril**
Meprobamate	

74. On how many occasions (if any) have you taken tranquilizers on your own--that is, without a doctor telling you to take them. . . (Mark one circle for each line.)

	0 Occasions	1-2 Occasions	3-5 Occasions	6-9 Occasions	10-19 Occasions	20-39 Occasions	40 or More
a. ...in your lifetime?	○	○	○	○	○	○	○
b. ...during the last 12 months?	○	○	○	○	○	○	○
c. ...during the last 30 days?	○	○	○	○	○	○	○

BEST COPY AVAILABLE

Tranquilizers, continued

Lifetime Prevalence/Frequency* . . .	Questions 74a from form 1 and 14a from forms 2 through 5, combined.
Annual Prevalence/Frequency*	Questions 74b from form 1 and 14b from forms 2 through 5, combined.
Thirty-Day Prevalence/Frequency* . .	Questions 74c from form 1 and 14c from forms 2 through 5, combined.
Prevalence/Recency	This variable is derived from the three preceding questions. See Note 2 at the end of this appendix for details.
Prevalence of Daily Use	This variable is derived by combining the percent answering "20 to 39 occasions" and the percent answering "40 or more occasions" on questions 74c from form 1 and 14c from forms 2-5.

From questionnaire form 1

73. Have you ever taken tranquilizers because a doctor told you to use them?

① No
② Yes, but I had already tried them on my own
③ Yes, and it was the first time I took any

Medical Use/Lifetime Prevalence . .	This variable is derived by combining response categories 2 and 3d in Q. 73.

---

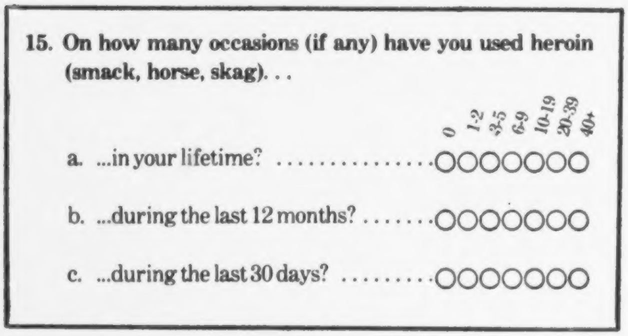
*For the distinction between prevalence and frequency see Note 1 at the end of this appendix.

Heroin

Lifetime Prevalence/Frequency* . . .

Annual Prevalence/Frequency* . . . .

Thirty-Day Prevalence/Frequency* . .



15. On how many occasions (if any) have you used heroin (smack, horse, skag). . .

	0	1-2	3-5	6-9	10-19	20-39	40+
a. ...in your lifetime?	○	○	○	○	○	○	○
b. ...during the last 12 months?	○	○	○	○	○	○	○
c. ...during the last 30 days?	○	○	○	○	○	○	○

Prevalence/Recency . . . . This variable is derived from the three preceding questions. See Note 2 at the end of this appendix for details.

Prevalence of Daily Use . . . . . . This variable is derived by combining the percent answering "20 to 39 occasions" and the percent answering "40 or more occasions" on Q. 15c above.

---

*For the distinction between prevalence and frequency see Note 1 at the end of this appendix.

Other Opiates**

From questionnaire forms 2 through 5

16. There are a number of narcotics other than heroin, such as methadone, opium, morphine, codeine, demerol, paregoric, talwin, and laudanum. These are sometimes prescribed by doctors.

On how many occasions (if any) have you taken narcotics other than heroin on your own–that is, without a doctor telling you to take them...

	0	1-2	3-5	6-9	10-19	20-39	40+
a. ...in your lifetime?	○	○	○	○	○	○	○
b. ...during the last 12 months?	○	○	○	○	○	○	○
c. ...during the last 30 days?	○	○	○	○	○	○	○

From questionnaire form 1

The next questions are about NARCOTICS OTHER THAN HEROIN, which are sometimes prescribed by doctors. Drugstores are not supposed to sell them without a prescription. These include:

Methadone	**Codeine**	**Talwin**	**Morphine**
Opium	**Demerol**	**Laudanum**	**Paregoric**

94. On how many occasions (if any) have you taken narcotics other than heroin on your own—that is, without a doctor telling you to take them...
(Mark one circle for each line.)

	0 Occasions	1-2 Occasions	3-5 Occasions	6-9 Occasions	10-19 Occasions	20-39 Occasions	40 or More
a. . . .in your lifetime?	○	○	○	○	○	○	○
b. . . .during the last 12 months? . . .	○	○	○	○	○	○	○
c. . . .during the last 30 days?	○	○	○	○	○	○	○

Lifetime Prevalence/Frequency* . . .	Questions 94a from form 1 and 16a from forms 2 through 5, combined.
Annual Prevalence/Frequency*	Questions 94b from form 1 and 16b from forms 2 through 5, combined.

---

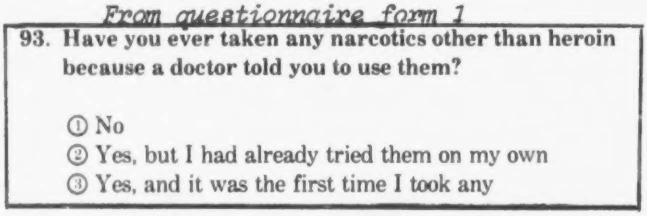
*For the distinction between prevalence and frequency see Note 1 at the end of this appendix.

** A more complete description of this variable would be "other opiates and opiate-like substances," since synthetic drugs are contained among the examples given. The term "other opiates" was selected for brevity and consistency with the terminology used in NIDA's national household surveys.

Other Opiates, continued

Thirty-Day Prevalence/Frequency*	Questions 94c from form 1 and 16c from forms 2 through 5, combined.
Prevalence/Recency	This variable is derived from the three preceding questions. See Note 2 at the end of this appendix for details.
Prevalence of Daily Use	This variable is derived by combining the percent answering "20 to 39 occasions" and the percent answering "40 or more occasions" on questions 94c from form 1 and 16c from forms 2-5.

From questionnaire form 1



93. Have you ever taken any narcotics other than heroin because a doctor told you to use them?

① No
② Yes, but I had already tried them on my own
③ Yes, and it was the first time I took any

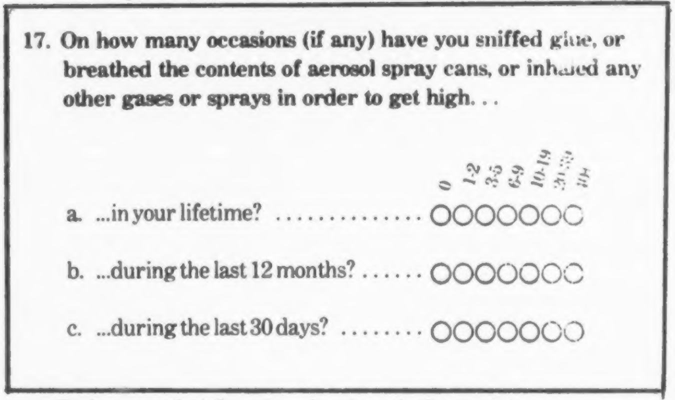
Medical Use/Lifetime Prevalence	This variable is derived by combining response categories 2 and 3 in Q. 93.

---

*For the distinction between prevalence and frequency see Note 1 at the end of this appendix.

Inhalants (Unadjusted for known underreporting of amyl/butyl nitrites)

From questionnaire forms 2 through 5



17. **On how many occasions (if any) have you sniffed glue, or breathed the contents of aerosol spray cans, or inhaled any other gases or sprays in order to get high. . .**

		0	1-2	3-5	6-9	10-19	20-39	40+
Lifetime Prevalence/Frequency* . . .	a. ...in your lifetime?	○	○	○	○	○	○	○
Annual Prevalence/Frequency*	b. ...during the last 12 months?	○	○	○	○	○	○	○
Thirty-Day Prevalence/Frequency* . .	c. ...during the last 30 days?	○	○	○	○	○	○	○

Prevalence of Recency	This variable is derived from the three preceding questions. See Note 2 at the end of this appendix for details.
Prevalence of Daily Use	This variable is derived by combining the percent answering "20 to 39 occasions" and the percent answering "40 or more occasions" on Q. 17c above.

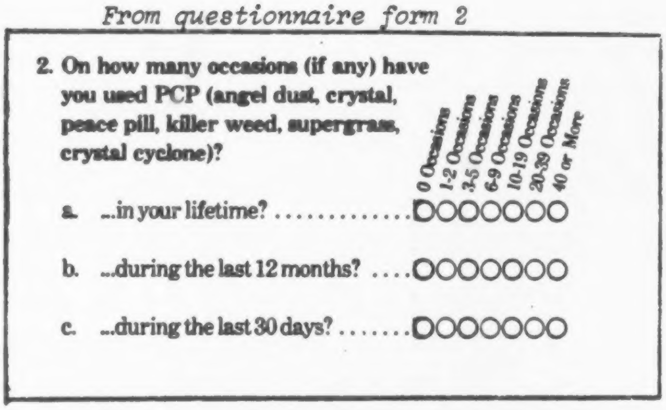
Inhalants, (Adjusted)

Empirical analyses have shown that some nitrites users fail to report their nitrites use in the more general inhalant use questions. Therefore, an adjustment for the underreporting has been introduced, based on the data from the single questionnaire form on which nitrites use is asked. The percent of seniors on that form who report nitrites use, but not inhalant use (in the comparable time period), is determined. That percent is then added to the percent who report use of inhalants in that form. The four-form inhalants use figure is increased by the same proportion as the single-form estimate. The resulting figure constitutes the adjusted estimate.

---

*For the distinction between prevalence and frequency see Note 1 at the end of this appendix.

From questionnaire form 2



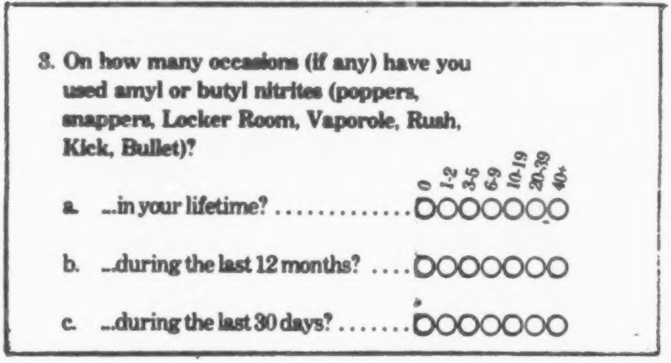
2. On how many occasions (if any) have you used PCP (angel dust, crystal, peace pill, killer weed, supergrass, crystal cyclone)?

PCP

		0 Occasions	1-2 Occasions	3-5 Occasions	6-9 Occasions	10-19 Occasions	20-39 Occasions	40 or More
Lifetime Prevalence/Frequency* . . .	a. ...in your lifetime?	○	○	○	○	○	○	○
Annual Prevalence/Frequency*	b. ...during the last 12 months?	○	○	○	○	○	○	○
Thirty-Day Prevalence/Frequency* . .	c. ...during the last 30 days?	○	○	○	○	○	○	○

Prevalence/Recency.	This variable is derived from the three preceding questions. See Note 2 at the end of this appendix for details.
Prevalence of Daily Use	This variable is derived by combining the percent answering "20 to 39 occasions" and the percent answering "40 or more occasions" on Q. 2c above.

From questionnaire form 2



3. On how many occasions (if any) have you used amyl or butyl nitrites (poppers, snappers, Locker Room, Vaporole, Rush, Kick, Bullet)?

Amyl or Butyl Nitrites

		0	1-2	3-5	6-9	10-19	20-39	40+
Lifetime Prevalence/Frequency* . . .	a. ...in your lifetime?	○	○	○	○	○	○	○
Annual Prevalence/Frequency*	b. ...during the last 12 months?	○	○	○	○	○	○	○
Thirty-Day Prevalence/Frequency* . .	c. ...during the last 30 days?	○	○	○	○	○	○	○

Prevalence/Recency.	This variable is derived from the three preceding questions. See Note 2 at the end of this appendix for details.
Prevalence of Daily Use	This variable is derived by combining the percent answering "20 to 39 occasions" and the percent answering "40 or more occasions" on Q. 3c above.

---

*For the distinction between prevalence and frequency see Note 1 at the end of this appendix.

Marijuana Only . . . . For the relevant time interval in each case, these variables are composed of a positive response to the question on marijuana use, and negative responses to: all questions on the use of hallucinogens, cocaine, and heroin, and on the non-medical use of other opiates, stimulants, sedatives, and tranquilizers.

Lifetime Prevalence
Annual Prevalence
Thirty-Day Prevalence

Illicit Drug Use (Other Than Marijuana) . . For the relevant time interval in each case, these variables are composed of any positive response to the questions on the use of hallucinogens, cocaine, or heroin, and/or on the non-medical use of other opiates, stimulants, sedatives, or tranquilizers.

Lifetime Prevalence
Annual Prevalence
Thirty-Day Prevalence

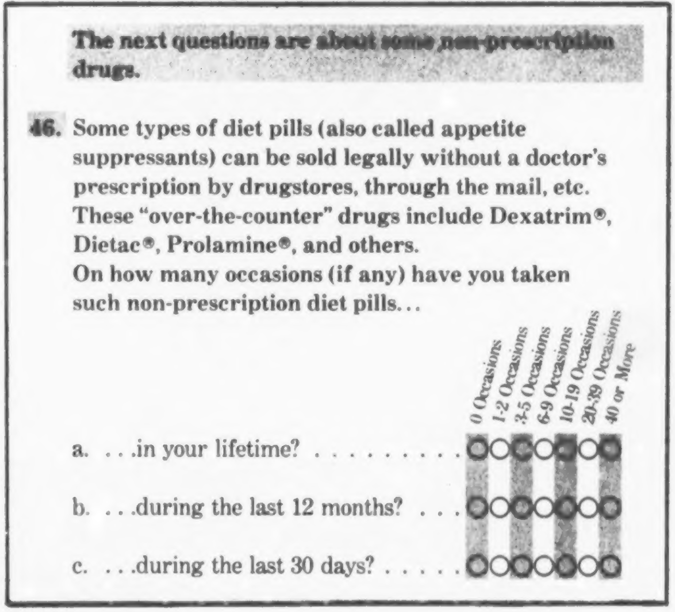
Illicit Drug Use (Other Than Marijuana or Stimulants) . . . . For the relevant time interval in each case, these variables are composed of any positive response to the questions on the use of hallucinogens, cocaine, or heroin, and/or the non-medical use of other opiates, sedatives, and tranquilizers.

Lifetime Prevalence
Annual Prevalence
Thirty-Day Prevalence

Non-Prescription Stimulants

Diet Pills

From questionnaire form 1



The next questions are about some non-prescription drugs.

46. **Some types of diet pills (also called appetite suppressants) can be sold legally without a doctor's prescription by drugstores, through the mail, etc. These "over-the-counter" drugs include Dexatrim®, Dietac®, Prolamine®, and others.
On how many occasions (if any) have you taken such non-prescription diet pills...**

		0 Occasions	1-2 Occasions	3-5 Occasions	6-9 Occasions	10-19 Occasions	20-39 Occasions	40 or More
Lifetime Prevalence/Frequency* . . .	a. . . .in your lifetime?	○	○	○	○	○	○	○
Annual Prevalence/Frequency*	b. . . .during the last 12 months? . . .	○	○	○	○	○	○	○
Thirty-Day Prevalence/Frequency* . .	c. . . .during the last 30 days?	○	○	○	○	○	○	○

---

*For the distinction between prevalence and frequency, see Note 1 at the end of this appendix.

Non-Prescription Stimulants

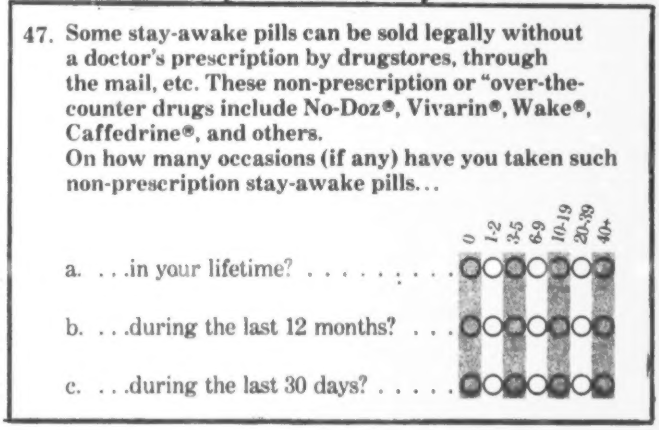
Diet Pills, Continued

Prevalence/Recency . . . . This variable is derived from the three preceding questions. See Note 2 at the end of this appendix for details.

Prevalence of Daily Use . . . . .This variable is derived by combining the percent answering "20 to 39 occasions" and the percent answering "40 or more occasions" on Q.46c above.

Stay-Awake Pills

From questionnaire form 1



47. Some stay-awake pills can be sold legally without a doctor's prescription by drugstores, through the mail, etc. These non-prescription or "over-the-counter drugs include No-Doz®, Vivarin®, Wake®, Caffedrine®, and others.
On how many occasions (if any) have you taken such non-prescription stay-awake pills...

		0	1-2	3-5	6-9	10-19	20-39	40+
Lifetime Prevalence/Frequency*	a. . . .in your lifetime?	○	○	○	○	○	○	○
Annual Prevalence/Frequency*	b. . . .during the last 12 months? . . .	○	○	○	○	○	○	○
Thirty-Day Prevalence/Frequency*	c. . . .during the last 30 days?	○	○	○	○	○	○	○

Prevalence/Recency . . . . This variable is derived from the three preceding questions. See Note 2 at the end of this appendix for details.

Prevalence of Daily Use . . . . .This variable is derived by combining the percent answering "20 to 39 occasions" and the percent answering "40 or more occasions" on Q.47c above.

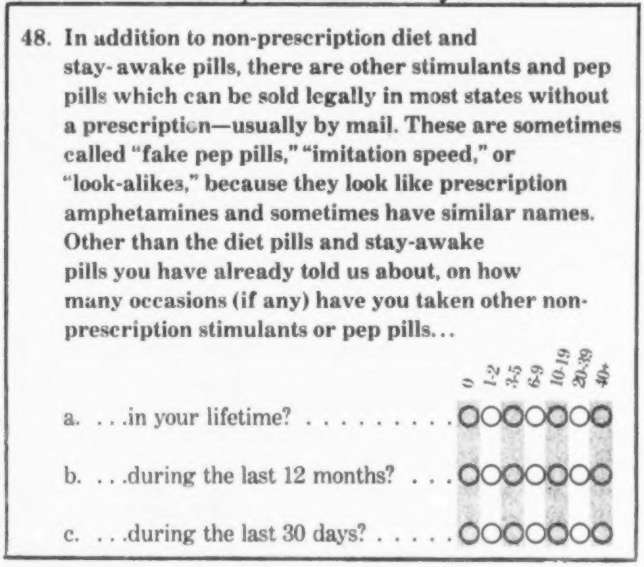
---

*For the distinction between prevalence and frequency, see Note 1 at the end of this appendix.

Non-Prescription Stimulants

"Look-Alike" Pills (Pseudo-Amphetamines)

From questionnaire form 1



48. In addition to non-prescription diet and stay-awake pills, there are other stimulants and pep pills which can be sold legally in most states without a prescription—usually by mail. These are sometimes called "fake pep pills," "imitation speed," or "look-alikes," because they look like prescription amphetamines and sometimes have similar names. Other than the diet pills and stay-awake pills you have already told us about, on how many occasions (if any) have you taken other non-prescription stimulants or pep pills...

		0	1-2	3-5	6-9	10-19	20-39	40+
Lifetime Prevalence/Frequency*.	a. . . .in your lifetime?	○	○	○	○	○	○	○
Annual Prevalence/Frequency*.	b. . . .during the last 12 months? . . .	○	○	○	○	○	○	○
Thirty-Day Prevalence/Frequency*. . . .	c. . . .during the last 30 days?	○	○	○	○	○	○	○

Prevalence/Recency . . . . This variable is derived from the three preceding questions. See Note 2 at the end of this appendix for details.

Prevalence of Daily Use . . . . .This variable is derived by combining the percent answering "20 to 39 occasions" and the percent answering "40 or more occasions" on Q.48c above.

---

*For the distinction between prevalence and frequency, see Note 1 at the end of this appendix.

Probability of Future Use . . . .

Alcohol

Barbiturates[a]

Cigarettes

Cocaine

Heroin[c]

LSD[b]

Marihuana or Hashish

Other Opiates

Stimulants

Tranquilizers

From questionnaire Form 1

Do you think you will be using (name of drug) five **years from now?**

① I definitely will
② I probably will
③ I probably will not
④ I definitely will not

(NOTE: These questions are asked in Form 1 only and occur in the different sections of that questionnaire which deal separately with each drug.)

[a] This question asked about barbiturates only, not all sedatives.

[b] This question asked about LSD only, not all hallucinogens.

[c] In the case of heroin, this question was dropped beginning in 1982.

Grade of First Use of Drugs . . . .

*From questionnaire Forms 1 and 3**

12. When (if ever) did you FIRST do each of the following things? Don't count anything you took because a doctor told you to.
(Mark one circle for each line.)

	Never	Grade 6 or below	Grade 7 or 8	Grade 9 (Freshman)	Grade 10 (Sophomore)	Grade 11 (Junoir)	Grade 12 (Senior)
a. Smoke cigarettes on a daily basis	○	○	○	○	○	○	○
b. Try an alcoholic beverage-more than just a few sips	○	○	○	○	○	○	○
c. Try marijuana or hashish	○	○	○	○	○	○	○
d. Try LSD	○	○	○	○	○	○	○
e. Try any psychedelic other than LSD	○	○	○	○	○	○	○
f. Try amphetamines	○	○	○	○	○	○	○
g. Try quaaludes	○	○	○	○	○	○	○
h. Try barbiturates	○	○	○	○	○	○	○
i. Try tranquilizers	○	○	○	○	○	○	○
j. Try cocaine	○	○	○	○	○	○	○
k. Try heroin	○	○	○	○	○	○	○
l. Try any narcotic other than heroin	○	○	○	○	○	○	○
m. Try inhalants	○	○	○	○	○	○	○

From questionnaire Form 2

4. When (if ever) did you FIRST do each of the following things?
(Mark one circle for each line.)

	Never	Grade 6 or below	Grade 7 or 8	Grade 9 (Freshman)	Grade 10 (Sophomore)	Grade 11 (Junior)	Grade 12 (Senior)
a. Try PCP	○	○	○	○	○	○	○
b. Try amyl or butyl nitrites	○	○	○	○	○	○	○

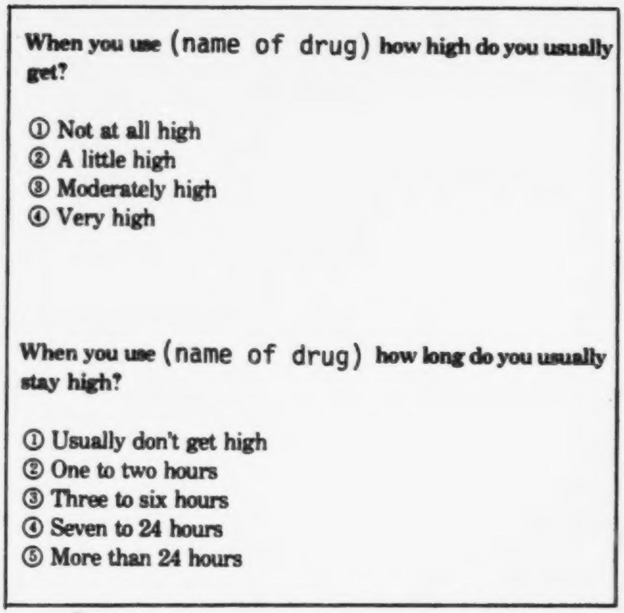
---

*"*a*" through "*l*" have been asked in Form 1 since 1975, and in Form 3 since 1977. "*m*" was added in 1978, and appears only in Form 3.

Degree and Duration of Feeling High . . .

Alcohol
LSD[a]
Marihuana
Other Psychedelics[a]

From questionnaire Form 1



When you use (name of drug) how high do you usually get?

① Not at all high
② A little high
③ Moderately high
④ Very high

When you use (name of drug) how long do you usually stay high?

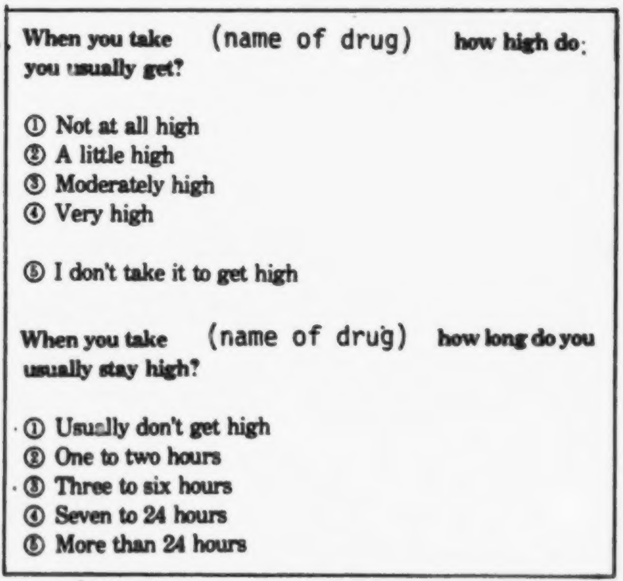
① Usually don't get high
② One to two hours
③ Three to six hours
④ Seven to 24 hours
⑤ More than 24 hours

[a] LSD and "other psychedelics" were asked about separately, not combined as hallucinogens.

Degree and Duration of Feeling High . . .

Amphetamines
Barbiturates[b]
Cocaine
Heroin[c]
Other Narcotics
Quaaludes[b]
Tranquilizers

From questionnaire Form 1



When you take (name of drug) how high do you usually get?

① Not at all high
② A little high
③ Moderately high
④ Very high

⑤ I don't take it to get high

When you take (name of drug) how long do you usually stay high?

① Usually don't get high
② One to two hours
③ Three to six hours
④ Seven to 24 hours
⑤ More than 24 hours

[b] Barbiturates and quaaludes were asked about separately, not combined as sedatives.

[c] In the case of heroin, these questions were dropped beginning in 1982.

(NOTE: These questions are asked on Form 1 only and occur in the different sections of that questionnaire which deal separately with each drug.)

II. BACKGROUND AND DEMOGRAPHIC VARIABLES

Sex	**3. What is your sex?** ①Male ②Female
College Plans	**21. How likely is it that you will do each of the following things after high school?** (Mark one for each line.) Definitely Won't · Probably Won't · Probably Will · Definitely Will d. Graduate from college (four-year program) .... ①②③④
None or under 4 yrs	Categories 1 and 2 of Q. 21d above.
Complete 4 yrs	Categories 3 and 4 of Q. 21d above.
Region	
Northeast	States grouped as Northeast (Census classifications of New England and Middle Atlantic): Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut, New York, New Jersey and Pennsylvania.
North Central	States grouped as North Central (Census classifications of East North Central and West North Central): Ohio, Indiana, Illinois, Michigan, Wisconsin, Minnesota, Iowa, Missouri, North Dakota, South Dakota, Nebraska and Kansas.
South	States grouped as South (Census classifications of South Atlantic, East South Central and West South Central): Delaware, Maryland, District of Columbia, Virginia, West Virginia, North Carolina, South Carolina, Georgia, Florida, Kentucky, Tennessee, Alabama, Mississippi, Arkansas, Louisiana, Oklahoma and Texas.

Region (cont.)

West	States grouped as West (Census classifications of Mountain and Pacific): Montana, Idaho, Wyoming, Colorado, New Mexico, Arizona, Utah, Nevada, Washington, Oregon and California.

Population Density

Large SMSAs	Large SMSAs include the 12 largest Standard Metropolitan Statistical Areas (SMSA) as of the 1970 census: New York, Los Angeles, Chicago, Philadelphia, Detroit, San Francisco, Washington, Boston, Pittsburgh, St. Louis, Baltimore and Cleveland.
Other SMSAs	Other SMSAs include all other Standard Metropolitan Statistical Areas excluding the 12 above. Except in the New England States, an SMSA is a county or group of contiguous counties which contains at least one city of 50,000 inhabitants or more, or "twin cities" with a combined population of at least 50,000. In the New England States SMSAs consist of towns and cities instead of counties. Each SMSA must include at least one central city, and the complete title of an SMSA identifies the central city or cities. For the complete description of the criteria used in defining SMSAs, see the Bureau of the Budget publication, *Standard Metropolitan Statistical Areas: 1967*, U.S. Government Printing Office, Washington, D.C. 20402. The population living in SMSAs is designated as the metropolitan population.
Non-SMSAs	Non-SMSAs include all areas not designated as Standard Metropolitan Statistical Areas. The population living outside SMSAs constitutes the nonmetropolitan population.

III. ATTITUDE AND BELIEF MEASURES

From questionnaire Form 5

Perceived Harmfulness of Drugs . . . .

23. The next questions ask for your opinions on the effects of using certain drugs and other substances. First, how much do you think people risk harming themselves (physically or in other ways), if they. . .

	No Risk	Slight Risk	Moderate Risk	Great Risk	Can't Say Drug Unfamiliar
a. Smoke one or more packs of cigarettes per day	①	②	③	④	⑤
b. Try marijuana (pot, grass) once or twice	①	②	③	④	⑤
c. Smoke marijuana occasionally	①	②	③	④	⑤
d. Smoke marijuana regularly	①	②	③	④	⑤
e. Try LSD once or twice	①	②	③	④	⑤
f. Take LSD regularly	①	②	③	④	⑤
g. Try heroin (smack, horse) once or twice	①	②	③	④	⑤
h. Take heroin occasionally	①	②	③	④	⑤
i. Take heroin regularly	①	②	③	④	⑤
j. Try barbiturates (downers, goofballs, reds, yellows, etc.) once or twice	①	②	③	④	⑤
k. Take barbiturates regularly	①	②	③	④	⑤
l. Try amphetamines (uppers, pep pills, bennies, speed) once or twice	①	②	③	④	⑤
m. Take amphetamines regularly	①	②	③	④	⑤
n. Try cocaine once or twice	①	②	③	④	⑤
o. Take cocaine regularly	①	②	③	④	⑤
p. Try one or two drinks of an alcoholic beverage (beer, wine, liquor)	①	②	③	④	⑤
q. Take one or two drinks nearly every day	①	②	③	④	⑤
r. Take four or five drinks nearly every day	①	②	③	④	⑤
s. Have five or more drinks once or twice each weekend	①	②	③	④	⑤

From questionnaire Form 3

Disapproval of Drug Use . . . .

28. Individuals differ in whether or not they disapprove of people doing certain things. Do YOU disapprove of people (who are 18 or older) doing each of the following?
(Mark one circle for each line.)

	Don't Disapprove	Disapprove	Strongly Disapprove
a. Smoking one or more packs of cigarettes per day	①	②	③
b. Trying marijuana (pot, grass) once or twice	①	②	③
c. Smoking marijuana occasionally	①	②	③
d. Smoking marijuana regularly	①	②	③
e. Trying LSD once or twice	①	②	③
f. Taking LSD regularly	①	②	③
g. Trying heroin (smack, horse) once or twice	①	②	③
h. Taking heroin occasionally	①	②	③
i. Taking heroin regularly	①	②	③
j. Trying a barbiturate (downer, goofball, red, yellow, etc.) once or twice	①	②	③
k. Taking barbiturates regularly	①	②	③
l. Trying an amphetamine (upper, pep pill, bennie, speed) once or twice	①	②	③
m. Taking amphetamines regularly	①	②	③
n. Trying cocaine once or twice	①	②	③
o. Taking cocaine regularly	①	②	③
p. Trying one or two drinks of an alcoholic beverage (beer, wine, liquor)	①	②	③
q. Taking one or two drinks nearly every day	①	②	③
r. Taking four or five drinks nearly every day	①	②	③
s. Having five or more drinks once or twice each weekend	①	②	③

(NOTE: In 1975 only, this question asked about people "who are 20 or older".)

From questionnaire Form 4

Attitudes Regarding Legality of Drug Use . . . .

20. Do you think that people (who are 18 or older) should be prohibited by law from doing each of the following? (Mark one circle for each line.)

	No	Not Sure	Yes
a. Smoking marijuana (pot, grass) in private	①	②	③
b. Smoking marijuana in public places	①	②	③
c. Taking LSD in private	①	②	③
d. Taking LSD in public places	①	②	③
e. Taking amphetamines (uppers) or barbiturates (downers) in private	①	②	③
f. Taking amphetamines or barbiturates in public places	①	②	③
g. Taking heroin (smack, horse) in private	①	②	③
h. Taking heroin in public places	①	②	③
i. Getting drunk in private	①	②	③
j. Getting drunk in public places	①	②	③
k. Smoking tobacco in certain specified public places	①	②	③

(NOTE: In 1975 only, this question asked about people "who are 20 or older".)

From questionnaire Form 4

Attitudes Regarding Marijuana Laws . . . .

21. In particular, there has been a great deal of public debate about whether marijuana use should be legal. Which of the following policies would you favor?

① Using marijuana should be entirely legal
② It should be a minor violation–like a parking ticket–but not a crime
③ It should be a crime

④ Don't know

22. If it were legal for people to USE marijuana, should it also be legal to SELL marijuana?

① No
② Yes, but only to adults
③ Yes, to anyone

④ Don't know

23. If marijuana were legal to use and legally available, which of the following would you be most likely to do?

① Not use it, even if it were legal and available
② Try it
③ Use it about as often as I do now
④ Use it more often than I do now
⑤ Use it less than I do now

⑥ Don't know

IV. ATTITUDES AND BELIEFS OF PARENTS AND FRIENDS

From questionnaire Form 4

Parents' Disapproval of Drug Use . . .

8. How do you think your PARENTS feel (or would feel) about YOU doing each of the following things? (Mark one circle for each line.)

Not Disapprove
Disapprove
Strongly Disapprove

a. Smoking one or more packs of cigarettes per day ....①②③
b. Trying marijuana (pot, grass) once or twice .①②③
c. Smoking marijuana occasionally ....①②③
d. Smoking marijuana regularly ....①②③
e. Trying LSD once or twice ....①②③
f. Trying an amphetamine (upper, pep pill, bennie, speed) once or twice ....①②③

8. How do you think your PARENTS feel (or would feel) about YOU ...

Not Disapprove
Disapprove
Strongly Disapprove

g. Taking one or two drinks nearly every day ....①②③
h. Taking four or five drinks nearly every day ...①②③
i. Having five or more drinks once or twice each weekend ....①②③

From questionnaire Form 4

Friends' Disapproval of Drug Use . . . .

10. How do you think your CLOSE FRIENDS feel (or would feel) about YOU doing each of the following things? (Mark one circle for each line.)

	Not Disapprove	Disapprove	Strongly Disapprove
a. Smoking one or more packs of cigarettes per day	①	②	③
b. Trying marijuana (pot, grass) once or twice	①	②	③
c. Smoking marijuana occasionally	①	②	③
d. Smoking marijuana regularly	①	②	③
e. Trying LSD once or twice	①	②	③
f. Trying an amphetamine (upper, pep pill, bennie, speed) once or twice	①	②	③
g. Taking one or two drinks nearly every day	①	②	③
h. Taking four or five drinks nearly every day	①	②	③
i. Having five or more drinks once or twice each weekend	①	②	③

V. EXPOSURE TO DRUG USE

From questionnaire Form 3

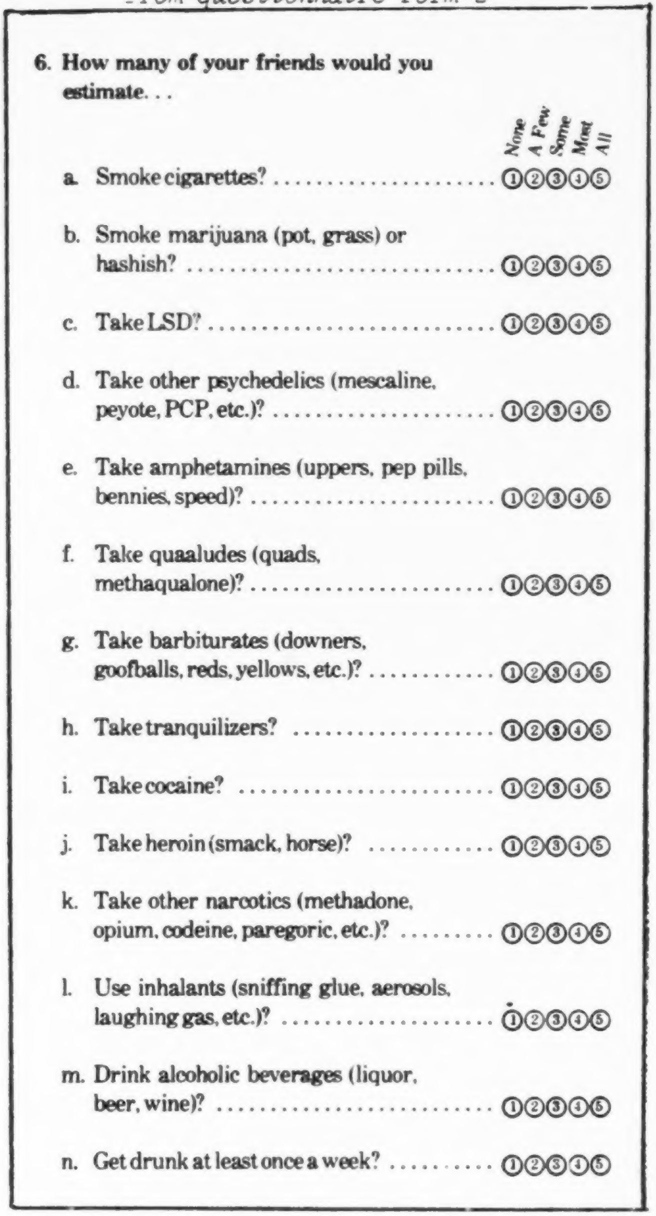
Exposure to Drug Use . . . .

29. During the LAST 12 MONTHS, how often have you been around people who were taking each of the following to get high or for "kicks"?

	Not At All	Once or Twice	Occasionally	Often
a. Marijuana (pot, grass) or hashish	①	②	③	④
b. LSD	①	②	③	④
c. Other psychedelics (mescaline, peyote, PCP, etc.)	①	②	③	④
d. Amphetamines (uppers, pep pills, bennies, speed)	①	②	③	④
e. Barbiturates (downers, goofballs, reds, yellows, etc.)	①	②	③	④
f. Tranquilizers (Librium, Valium, Miltown)	①	②	③	④
g. Cocaine ("coke")	①	②	③	④
h. Heroin (smack, horse)	①	②	③	④
i. Other narcotics (methadone, opium, codeine, paregoric, etc.)	①	②	③	④
j. Alcoholic beverages (beer, wine, liquor)	①	②	③	④

Friends' Use of Drugs . . . .

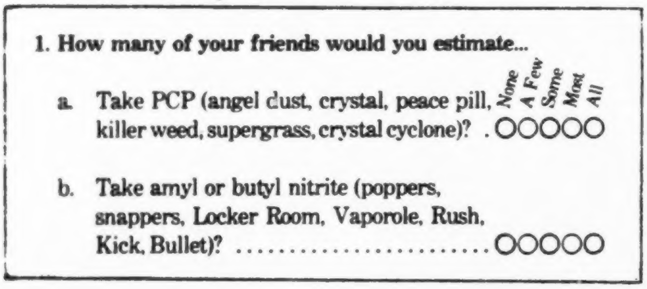
From questionnaire Form 2



6. How many of your friends would you estimate. . .

	None	A Few	Some	Most	All
a. Smoke cigarettes?	①	②	③	④	⑤
b. Smoke marijuana (pot, grass) or hashish?	①	②	③	④	⑤
c. Take LSD?	①	②	③	④	⑤
d. Take other psychedelics (mescaline, peyote, PCP, etc.)?	①	②	③	④	⑤
e. Take amphetamines (uppers, pep pills, bennies, speed)?	①	②	③	④	⑤
f. Take quaaludes (quads, methaqualone)?	①	②	③	④	⑤
g. Take barbiturates (downers, goofballs, reds, yellows, etc.)?	①	②	③	④	⑤
h. Take tranquilizers?	①	②	③	④	⑤
i. Take cocaine?	①	②	③	④	⑤
j. Take heroin (smack, horse)?	①	②	③	④	⑤
k. Take other narcotics (methadone, opium, codeine, paregoric, etc.)?	①	②	③	④	⑤
l. Use inhalants (sniffing glue, aerosols, laughing gas, etc.)?	①	②	③	④	⑤
m. Drink alcoholic beverages (liquor, beer, wine)?	①	②	③	④	⑤
n. Get drunk at least once a week?	①	②	③	④	⑤

From questionnaire Form 2



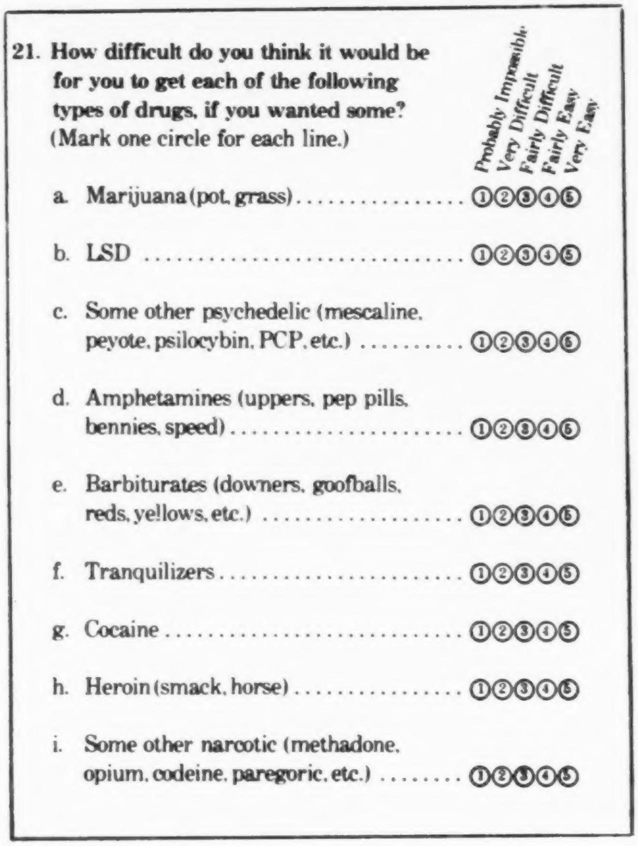
1. How many of your friends would you estimate...

	None	A Few	Some	Most	All
a. Take PCP (angel dust, crystal, peace pill, killer weed, supergrass, crystal cyclone)?	○	○	○	○	○
b. Take amyl or butyl nitrite (poppers, snappers, Locker Room, Vaporole, Rush, Kick, Bullet)?	○	○	○	○	○

VI. PERCEIVED AVAILABILITY OF DRUGS

From questionnaire Form 2

Perceived Availability of Drugs . . .



21. How difficult do you think it would be for you to get each of the following types of drugs, if you wanted some? (Mark one circle for each line.)

	Probably Impossible	Very Difficult	Fairly Difficult	Fairly Easy	Very Easy
a. Marijuana (pot, grass)	①	②	③	④	⑤
b. LSD	①	②	③	④	⑤
c. Some other psychedelic (mescaline, peyote, psilocybin, PCP, etc.)	①	②	③	④	⑤
d. Amphetamines (uppers, pep pills, bennies, speed)	①	②	③	④	⑤
e. Barbiturates (downers, goofballs, reds, yellows, etc.)	①	②	③	④	⑤
f. Tranquilizers	①	②	③	④	⑤
g. Cocaine	①	②	③	④	⑤
h. Heroin (smack, horse)	①	②	③	④	⑤
i. Some other narcotic (methadone, opium, codeine, paregoric, etc.)	①	②	③	④	⑤

Perceived Availability of Drugs as Reported by Users of Those Drugs . . . . These variables are derived from the answers to each of the above questions given by those who used each of the corresponding drugs once or more in the previous twelve months.

NOTES

NOTE 1: Prevalence/Frequency Measures

Prevalence refers to the presence or absence of drug use during the time period, while frequency refers to the number of occasions of use within the time period.

NOTE 2: Prevalence/Recency Measures

The answer categories are: (1) Used in the last 30 days; (2) Used in last 12 months but not in the last 30 days; (3) Used in lifetime but not in the last 12 months; and (4) Never used in lifetime.

NOTE 3: Combining Prevalence/Frequency Data from Two Questions

In order to report drug categories which closely match those reported from the national household interview surveys, we have combined certain drugs which had separate prevalence/frequency questions in the current study. Specifically, questions about "LSD" and "Other psychedelics" were combined into a single category called "hallucinogens."*

Also, separate questions on "Barbiturates" and "Quaaludes" in this study were combined to form a "Sedatives" category. Because bracketed frequency categories are used on the original variables, some judgement must be exercised in deciding how to combine them to generate frequencies of use for the derivative variable. The table below indicates how the two original questions in each case were combined (recoded) to form a single variable.

Derived Answer Codes for Frequency of Use

(Note: Column headings, row headings, and cell entries all are stated in terms of answer codes. See key.)

Answer code given for one drug	Answer code given for the other drug							
	1	2	3	4	5	6	7	9
1	1	2	3	4	5	6	7	1
2	2	3	3	4	5	6	7	2
3	3	3	4	5	5	6	7	3
4	4	4	5	5	5	6	7	4
5	5	5	5	5	6	7	7	5
6	6	6	6	6	7	7	7	6
7	7	7	7	7	7	7	7	7
9	1	2	3	4	5	6	7	9

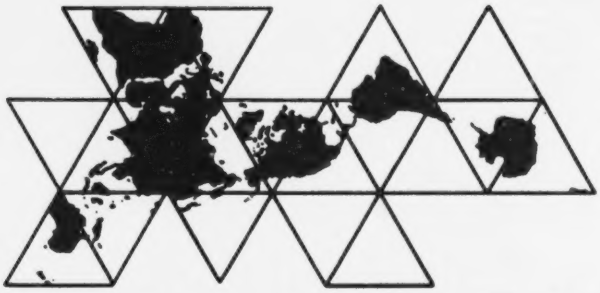
KEY

Answer code		Frequency of use
1	=	0 occasions
2	=	1-2 occasions
3	=	3-5 occasions
4	=	6-9 occasions
5	=	10-19 occasions
6	=	20-39 occasions
7	=	40+ occasions
9	=	missing data

---

*The term "hallucinogens" is used for purposes of consistency with the national household survey, as are the terms "sedatives," "other opiates," and "stimulants."

Cover and Instructions to the Questionnaires



monitoring the future

a continuing study of the lifestyles and values of youth

This questionnaire is part of a nationwide study of high school seniors, conducted each year by the University of Michigan's Institute for Social Research. The questions ask your opinions about a number of things--the way things are now and the way you think they ought to be in the future. In a sense, many of your answers on this questionnaire will count as "votes" on a wide range of important issues.

If this study is to be helpful, it is important that you answer each question as thoughtfully and frankly as possible. All your answers will be kept strictly confidential, and will never be seen by anyone who knows you.

This study is completely voluntary. If there is any question that you or your parents would find objectionable for any reason, just leave it blank.

In a few months, we would like to mail each of you a summary of the nationwide results from this study. Also, in about a year we would like to mail another questionnaire to some of you, asking about how your plans have worked out and what's happening in your lives.

In order to include you in these mailings, we ask for your name and address on a special form at the end of this questionnaire. This form is to be torn out and handed in separately. Once the address form and the questionnaire have been separated, there is no way they can be matched again, except by using a special computer tape at the University of Michigan. The only purpose for that tape is to match a follow-up questionnaire with this one.

Other seniors have said that these questionnaires are very interesting and that they enjoy filling them out. We hope you will too. Be sure to read the instructions on the other side of this cover page before you begin to answer. Thank you very much for being an important part of this project.

1982 - 1983

INSTITUTE FOR SOCIAL RESEARCH
THE UNIVERSITY OF MICHIGAN
ANN ARBOR, MICHIGAN

Inside Front Cover of
the Questionnaires

INSTRUCTIONS

1. **This is not a test, so there are no right or wrong answers; we would like you to work fairly quickly, so that you can finish.**

2. **All of the questions should be answered by marking one of the answer spaces. If you don't always find an answer that fits exactly, use the one that comes closest. If any question does not apply to you, or you are not sure of what it means, just leave it blank.**

3. **Your answers will be read automatically by a machine called an optical mark reader. Please follow these instructions carefully:**

   - **Use only the black lead pencil you have been given.**
   - **Make heavy black marks inside the circles.**
   - **Erase cleanly any answer you wish to change.**
   - **Make no other markings or comments on the answer pages, since they interfere with the automatic reading. (If you want to add a comment about any question, please use the space provided below.)**

These kinds of markings will work: ● ● ●

These kinds of markings will NOT work: ⊙ ● ○

(THIS SPACE FOR WRITTEN COMMENTS)

REFERENCES

Abelson, H. I., & Atkinson, R. B. Public experience with psychoactive substances. Princeton, NJ: Response Analysis Corporation, 1975.

Abelson, H. I., & Fishburne, P. M. Nonmedical use of psychoactive substances. Princeton, NJ: Response Analysis Corporation, 1976.

Abelson, H. I., Fishburne, P. M., & Cisin, I. H. The National Survey on Drug Abuse: 1977. Washington, D.C.: National Institute on Drug Abuse, 1977.

Akers, R. L., Massey, J., Clarke, W., & Lauer, R. M. Are self-reports of adolescent deviance valid? Biochemical measures, randomized response, and the bogus pipeline in smoking behavior. Social Forces, 62, 234-251 (1983).

Amsel, S., Mandell, W., Matthias, L., Mason, C., & Hocherman, I. Reliability and validity of self-reported illegal activities and drug use collected from narcotic addicts. The International Journal of the Addictions, 1976, 11, 325-336.

Bachman, J. G. Youth in Transition, Volume II: The impact of family background and intelligence on tenth-grade boys. Ann Arbor, MI: Institute for Social Research, 1971.

Bachman, J. G., & Johnston, L. D. The Monitoring the Future project design and procedures. Ann Arbor, MI: Institute for Social Research, 1978.

Bachman, J. G., Johnston, L. D., & O'Malley, P. M. Monitoring the Future: Questionnaire responses from the nation's high school seniors, 1976. Ann Arbor, MI: Institute for Social Research, 1978.

Bachman, J. G., Johnston, L. D., & O'Malley, P. M. Monitoring the Future: Questionnaire responses from the nation's high school seniors, 1978. Ann Arbor, MI: Institute for Social Research, 1979.

Bachman, J. G., Johnston, L. D., & O'Malley, P. M. Monitoring the Future: Questionnaire responses from the nation's high school seniors, 1980. Ann Arbor, MI: Institute for Social Research, 1981.

Bachman, J. G., Johnston, L. D., & O'Malley, P. M. Smoking, drinking, and drug use among American high school students: Correlates and trends, 1975-79. American Journal of Public Health, 1981, 71, 59-69.

Bachman, J. G., Johnston, L. D., & O'Malley, P. M. Monitoring the Future: Questionnaire responses from the nation's high school seniors, 1982. Ann Arbor, MI: Institute for Social Research, 1984.

Bachman, J. G., O'Malley, P. M., & Johnston, L. D. Correlates of drug use, part I: Selected measures of background, recent experiences, and lifestyle orientations (Monitoring the Future Occasional Paper 8). Ann Arbor, MI: Institute for Social Research, 1980.

Bachman, J. G., O'Malley, P. M., & Johnston, L. D. Changes in drug use after high school as a function of role status and social environment. (Monitoring the Future Occasional Paper 11). Ann Arbor, MI: Institute for Social Research, 1981.

Bachman, J. G., O'Malley, P. M., & Johnston, L. D. Drug use among young adults: The impacts of role status and social environments. Journal of Personality and Social Psychology, in press.

Bauman, K. E., Koch, G. G., & Bryan, E. S. Validity of self-reports of adolescent cigarette smoking. International Journal of the Addictions, 1982, 17, 1131-1136.

Bonito, A. J., Nurco, D. N., & Shaffer, J. W. The veridicality of addicts' self-reports in social research. The International Journal of the Addictions, 1976, 11, 719-724.

Clayton, R. R., & Voss, H. R. Technical review on drug abuse and dropouts. Report prepared on a National Institute on Drug Abuse technical review meeting, June 7, 1982, Rockville, MD.

Coleman, J. S. et al. Equality of educational opportunity. (National Center for Educational Statistics.) Washington, D.C.: U.S. Government Printing Office, 1966.

Cooper, A. M., Sobell, M. B., Sobell, L. C., & Maisto, S. A. Validity of alcoholics' self-reports: Duration data. The International Journal of the Addictions, 1981, 16, 401-406.

Fetters, W. B. National Longitudinal Study of the High School Class of 1972: Student questionnaire and test results. (National Center for Education Statistics Publication NCES 75-208.) Washington, D.C.: U.S. Government Printing Office, 1975.

Fishburne, P. M., Abelson, H. I., & Cisin, I. H. The National Survey on Drug Abuse: 1979. Washington, D.C.: National Institute on Drug Abuse, 1979.

Gold, M. The validity of self-reports of delinquent behavior. Unpublished manuscript. Ann Arbor, MI: Institute for Social Research, 1977.

Golladay, M. The condition of education. National Center for Education Statistics, Washington, D.C.: U.S. Government Printing Office, 1976.

Golladay, M. The condition of education. National Center for Education Statistics, Volume 3, Part 1. Washington, D.C.: U.S. Government Printing Office, 1977.

Haberman, P. W., Josephson, E., Zanes, H., & Elinson, J. High school drug behavior: A methodological report on pilot studies. In S. Einstein and S. Allen (Eds.) Student drug surveys. Farmingdale, NY: Baywood, 1972.

Huba, G. J., Wingard, J. A., & Bentler, P. M. Adolescent drug use and peer and adult interaction patterns. Journal of Consulting and Clinical Psychology, 1979, 47, 265-276.

Hubbard, R. L., Eckerman, W. C., & Rachal, J. V. Methods of validating self-reports of drug use: A critical review. Proceedings of American Statistical Association, 1976, 406-409.

Jessor, R., & Jessor, S. L. Problem behavior and psychosocial development: A longitudinal study of youth. New York: Academic Press, 1978.

Johnston, L. D. Drugs and American youth. Ann Arbor, MI: Institute for Social Research, 1973.

Johnston, L. D. Longitudinal studies. In L. G. Richards, & L. B. Blevens (Eds.), The epidemiology of drug abuse: Current issues. (NIDA Research Monograph 10.) Washington, D.C.: U.S. Government Printing Office, 1977 (Stock No. 017-024-00571-1).

Johnston, L. D. The daily marijuana user. Invited paper presented at the first annual meeting of the National Alcohol and Drug Coalition, Washington, D.C., September 19, 1980.

Johnston, L. D. Frequent marijuana use: Correlates, possible effects, and reasons for using and quitting. Invited presentation at the American Council on Marijuana Conference, "Treating the Marijuana Dependent Person," Bethesda, MD, May 4, 1981.

Johnston, L. D. A review and analysis of recent changes in marijuana use by American young people. Invited presentation at the American Council on Marijuana Conference, "Marijuana: The National Impact on Education," Washington, D.C., December 4, 1981.

Johnston, L. D. National level monitoring of student drug use in the United States: Recent findings and methodological issues. Paper delivered at the 12th International Institute on the Prevention and Treatment of Drug Dependence, International Council on Alcohol and the Addictions, Bangkok, Thailand, March 24, 1982.

Johnston, L. D., & Bachman, J. G. Monitoring the Future: Questionnaire responses from the nation's high school seniors, 1975. Ann Arbor, MI: Institute for Social Research, 1979.

Johnston, L. D., Bachman, J. G., & O'Malley, P. M. Drug use among American high school students 1975-1977 (National Institute on Drug Abuse.) Washington, D.C.: U.S. Government Printing Office, 1978, 256 pp.

Johnston, L. D., Bachman, J. G., & O'Malley, P. M. Drugs and the class of '78: Behaviors, attitudes and recent national trends (National Institute on Drug Abuse). Washington, D.C.: U.S. Government Printing Office, 1979, 376 pp.

Johnston, L. D., Bachman, J. G., & O'Malley, P. M. Monitoring the Future: Questionnaire responses from the nation's high school seniors, 1977. Ann Arbor, MI: Institute for Social Research, 1979.

Johnston, L. D., Bachman, J. G., & O'Malley, P. M. Monitoring the Future: Questionnaire responses from the nation's high school seniors, 1979. Ann Arbor, MI: Institute for Social Research, 1980.

Johnston, L. D., Bachman, J. G., & O'Malley, P. M. Monitoring the Future: Questionnaire responses from the nation's high school seniors, 1981. Ann Arbor, MI: Institute for Social Research, 1982.

Johnston, L. D., Bachman, J. G., & O'Malley, P. M. Student drug use, attitudes, and beliefs: National trends 1975-1982. Washington, D.C. : National Institute on Drug Abuse, 1983.

Johnston, L. D., & O'Malley, P. M. Issues of validity and population coverage in student surveys of drug use. In B. Rouse, L. Richards, N. Kozel (Eds.) *Current Challenges to Drug Abuse Estimation* (National Institute on Drug Abuse Research Monograph). Washington, D.C.: National Institute on Drug Abuse, in press, 1984.

Johnston, L. D., O'Malley, P. M., & Bachman, J. G. *Highlights from Drugs and American high school students: 1975-1983*. Washington, D.C.: National Institute on Drug Abuse, 1984.

Johnston, L. D., O'Malley, P. M., & Eveland, L. K. *Some preliminary results from Drugs and American Youth II: A longitudinal resurvey*. (Interim report to the National Institute on Drug Abuse.) Ann Arbor, MI: Institute for Social Research, 1975.

Johnston, L. D., O'Malley, P. M., & Eveland, L. K. *Drugs and delinquency: A search for causal connections*. Paper presented at the Conference on Longitudinal Research on Drug Use, Puerto Rico, April 1976. Revised version appears in: D. Kandel (Ed.), *Longitudinal research on drug use: Empirical findings and methodological issues*. Washington, D.C.: Halstead Press, 1978.

Kandel, D. Reaching the hard-to-reach: Illicit drug use among high school absentees. *Addictive Diseases*, 1975, *1*, 465-480. (a)

Kandel, D. Stages in adolescent involvement in drug use. *Science*, 1975, *190*, 912-914. (b)

Kish, L. *Survey sampling*. New York: John Wiley & Sons, 1965.

Kupetz, K., Klagsburn, M., & Wisoff, D. Acceptance and validity of the Substance Use and Abuse Survey (SUAS). *Journal of Drug Education*, 1979, *9*, 163-188.

Luetgert, M. J., & Armstrong, A. H. Methodological issues in drug usage surveys: Anonymity, recency, and frequency. *International Journal of the Addictions*, 1973, *8*, 683-689.

Malvin, J. H., & Moskowitz, J. M. Anonymous versus identifiable self-reports of adolescent drug attitudes, intentions, and use. *Public Opinion Quarterly*, 1983, *47*, 557-566.

Miller, J. D., Cisin, I. H., Gardner-Keaton, H ., Harrell, A. V., Wirtz, P. W., Abelson, H. I., & Fishburne, P. M. *National Survey on Drug Abuse: Main Findings 1982*. Washington, D.C.: National Institute on Drug Abuse, 1983.

O'Donnell, J. A., Voss, H. L., Clayton, R. R., Slatin, G. T., & Room, R. G. W. *Young men and drugs: A nationwide survey*. (NIDA Research Monograph #5.) Rockville, MD: National Institute on Drug Abuse, 1976.

O'Malley, P. M., Bachman, J. G., & Johnston, L. D. Reliability and consistency in self-reports of drug use. *International Journal of the Addictions*. 1983, *18*, 805-824.

Petzel, T. P., Johnson, J. E., & McKillip, J. Response bias in drug surveys. *Journal of Consulting and Clinical Psychology*, 1973, *40*, 437-439.

Rachal, J. V., Guess, L. L., Hubbard, R. L., Maisto, S. A., Cavanaugh, E. R., Waddell, R., Benrud, C. H. *Adolescent Drinking Behavior*. (Final report to the National Institute on Alcohol Abuse and Alcoholism, Rep. No. RTI/1322/00-01F) Springfield, VA: NTIS, October, 1980.

Secretary of Health, Education and Welfare. Marijuana and Health. (Eighth annual report to the U.S. Congress, DHEW Pub. # 80-945) Washington, D.C.: U.S. Government Printing Office, 1980.

Single, E., Kandel, D., & Johnson, B. The reliability and validity of drug use responses in a large scale longitudinal survey. Journal of Drug Issues, 1975, 5, 426-443.

Sobell, M. B., Sobell, L. C., & VanderSpek, R. Relationships between clinical judgment, self-report and breath analysis measures of intoxication in alcoholics. Journal of Consulting and Clinical Psychology, 1979, 47, 204-206.

Wingard, J. A., Huba, G. J., & Bentler, P. M. The relationship of personality structure to patterns of adolescent drug use. Multivariate Behavioral Research, 1979, 14, 131-143.

U.S. GOVERNMENT PRINTING OFFICE : 1984 O - 459-218